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| --- | --- | --- |
|  |  | |
|  |  | |
|  | Our Address: | Debt Centre Sunderland |
|  |  | Compensation Recovery Unit |
|  |  | Post Handling Site B |
|  |  | Wolverhampton |
|  |  | WV99 2FR |
|  |  |  |
|  | Opening Hours: | Mon-Fri 08:00 -17:00 |
|  | CRU Ref: |  |
|  | Your Ref: |  |
|  |  |  |
|  | Our Phone Number: | 0800 1513157 |
| Date: | Our Fax Number: | 0191 2252366 |
|  | Text Relay: | 18001 0800 1513157 |
|  | Website: www.gov.uk/government/collections/cru | |

# Change from representative to insurance company

(Complete this form if you have returned responsibility for a case to the insurance company that you were previously representing).

|  |  |
| --- | --- |
| Injured person’s details | |
| CRU reference: |  |
| Surname: |  |
| Forename: |  |
| National Insurance (NI) number: |  |
| Date of birth: |  |

|  |  |
| --- | --- |
| Details of your company | |
| Reference number: |  |
| Company name: |  |
| DX or postal address: |  |
| Postcode: |  |
| Contact name: |  |
| Contact telephone number: |  |

|  |  |
| --- | --- |
| Details of the insurance company | |
| Reference number: |  |
| Company name: |  |
| DX or postal address: |  |
| Postcode: |  |
| Contact name: |  |
| Contact telephone number: |  |
| Name of policy holder: |  |
| Date of settlement (if known): |  |

**Note:** When complete, return this form immediately to the postal address at the top of this form. Alternatively e-mail this form, please refer to our contacts page at: [www.gov.uk/government/collections/cru](http://www.gov.uk/government/collections/cru)