

LANDLORD Property Claims Form



If you need any assistance in completion of this form please contact Home and Legacy Claims on: 0844 893 8360.

Section 1 – General	Claim No. <input type="text"/>
Policy Number _____ Insured Name(s) _____	
Correspondence Address	
Address _____	
Town / City _____ Postcode _____ Country _____	
Work Tel. No. _____ Mobile Tel. No. _____ Home Tel. No. _____	
Email address (for correspondence related to this insurance): _____	
Are you are registered for VAT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If YES, please advise VAT number and status _____</i>	
Was your insurance arranged through an intermediary?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If YES, please provide their name and contact details below</i>	
Intermediary's Name _____	
Address _____ Town / City _____ Postcode _____	
Intermediary's Tel. No. _____ Intermediary's Email _____	
Indicate the method by which you paid your premium?	Annually <input type="checkbox"/> Instalments <input type="checkbox"/>
Is your property fully managed by a Property Managing Agent or Letting Agent?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If YES, please give the Agent's contact details and the services provided</i>	
Managing Agent's Name _____	
Address _____ Town / City _____ Postcode _____	
Managing Agent's Tel. No. _____ Managing Agent's Email _____	
What services are provided by your Property Managing Agent or Letting Agent?	
Tenant Finding Only <input type="checkbox"/> Tenant Finding and Rent Collection <input type="checkbox"/> Full Management <input type="checkbox"/> Other <input type="checkbox"/>	
<i>If 'Other' please give details below</i>	

What Tenancy Deposit scheme is used, (if applicable)?	
The Deposit Protection Service <input type="checkbox"/> Tenancy Deposit Solutions Ltd <input type="checkbox"/> The Tenancy Deposit Scheme <input type="checkbox"/>	
What is the amount of tenancy deposit collected: £ _____	

Please check that you have enclosed all relevant supporting documentation as detailed below, before returning the completed claim form to: Claims Department, Home and Legacy Insurance Services Limited, 500 Avebury Boulevard, Lower Ground Floor, Milton Keynes, Buckinghamshire, MK9 2LA or by fax to: 0844 893 8386 or by email to let-claims@homeandlegacy.co.uk

Section 1 – General

Continued

PREVIOUS LOSSES

Have you ever sustained loss or damage by any of the risks insured by this policy, whether insured at the time or not?

YES NO

If YES, please give details below

OTHER INSURANCE

Do you have any other insurance that may cover any of the risks insured by your policy?

YES NO

If YES, please provide the insurers name and address and detail any policy number(s) below

Name _____

Address _____ Town / City _____ Postcode _____

Policy Number(s) _____ Tel. No. _____

If your claim is accepted and settlement is made by cheque, to whom should it be made payable?

If you prefer any other method of payment e.g. BACS. please specify _____

Section 2 – Details of loss or damage

Address of the property where loss or damage occurred

Address _____ Town / City _____ Postcode _____

DETAILS ABOUT THE TYPE OF LOSS/DAMAGE AND HOW IT OCCURRED

When and where did the loss/damage occur?

Date ____ / ____ / ____ Time ____ Place _____

How did the loss or damage occur? _____

Please give full details of property lost or damaged

If there is damage to carpets please indicate when the carpet affected was laid.

Section 2 – Details of loss or damage

Continued

Was the property unoccupied/not lived in at the time the loss/damage occurred? YES NO
If YES, a) Has the property been inspected at least once every 14 days? YES NO
b) When was the property last lived in or occupied? Date _____ / _____ / _____

FOR THEFT, DAMAGE BY MALICIOUS PERSONS, ACCIDENTAL LOSS, RIOT OR VANDALISM CLAIMS

When and by whom was the loss discovered? _____

When was the loss reported to the Police and by whom? _____

To which Police Station? _____ Police Crime Ref. _____

By what means was access gained to the premises? _____

Which doors and windows were forced? _____

Do you suspect any person or persons? YES NO If YES, whom? _____

What enquiries have been made and what steps have been taken to recover the property lost?

Please ensure that all damaged property is kept until permission to dispose of it is received from Home and Legacy or the insurer.

Section 3 – Additional information

Please provide any other information which could help the insurers in the handling of the claim or recovery/pursuit of any party.

Data Protection Notice

The data you have provided will be used to process your claim and may be passed to other organisations involved in processing your claim e.g. the insurer, loss adjusters or to fraud detection and prevention agencies. This may include being sent, in confidence, for processing outside of the European Economic Area. The information provided to other parties will be treated in confidence and in compliance with the Data Protection Act 1998. You may have the right to apply for details of the information we hold (for which we may charge a small fee). By signing this form you consent to such use of your personal data.

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help to check information provided and also to prevent fraudulent claims. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register. In assessing claims made, insurers may also undertake checks against publicly available information as necessary such as electoral roll, county court judgments, bankruptcy orders or repossessions.

Some of the information which you give to us about this claim may be passed to other insurance companies you tell us about. They will give us information about your policy with them, and we may ask them to pay a contribution to this claim. A contribution payment is normal practice where two or more policies cover the same thing. If another company contributes to your claim with us, it should not affect any no claim discount you hold with them.

Declaration

I/We understand that you may ask us for information from other insurers to check the answers I/We have provided and that information may also be supplied to registers of lost or stolen property.

I/We declare that we were not aware at the start of the insurance or renewal of this insurance that this claim, the details of which are set out above, was likely to arise.

I/We declare that the above is a full and accurate statement, and I/we therefore wish to make a claim under the policy for loss or damage in respect of the circumstances described.

Damaged property will be protected from further deterioration and will not be disposed of until permission is given by Home and Legacy or the insurer or any loss adjusters appointed.

I/We agree to notify Home and Legacy immediately if any of the property mentioned in this claim is subsequently recovered, and at the option of the insurer to return the property or to refund the amount of money received by way of compensation under the policy.

Name(s) _____

Signature(s) _____ Date: ____/____/____

_____ Date: ____/____/____

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Checklist

- Please enclose two detailed estimates from different contractors or invoices with the claim form if possible. These must include a full break-down of costs.
- In case of theft please enclose original purchase receipts / proof of ownership of the property.
- For electrical items also enclose copies of any available instruction books, manuals or warranty documents.
- For Theft, Malicious, Intentional or Accidental Damage by Tenant claims please provide evidence to show that you have complied with the requirements of the Tenancy Deposit Scheme (if applicable).