

# LANDLORD Property Claim Form



If you need any assistance in completion of this form please contact Home and Legacy Claims on: 0844 893 8360.  
or if you are calling from overseas call + 44 (0) 020 3118 7777.

## Section 1 – General

Claim No.

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  NO

If YES, please advise VAT number and status \_\_\_\_\_

### Was your insurance arranged through an intermediary?

YES  NO

If YES, please provide their name and contact details below

Intermediary's Name \_\_\_\_\_

Address \_\_\_\_\_ Town / City \_\_\_\_\_ Postcode \_\_\_\_\_

Intermediary's Tel. No. \_\_\_\_\_ Intermediary's Email \_\_\_\_\_

### Indicate the method by which you paid your premium?

Annually  Instalments

### Is your property fully managed by a Property Managing Agent or Letting Agent?

YES  NO

If YES, please give the Agent's contact details and the services provided

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  Tenant Finding and Rent Collection  Full Management  Other

If 'Other' please give details below

### What Tenancy Deposit scheme is used, (if applicable)?

The Deposit Protection Service  Tenancy Deposit Solutions Ltd  The Tenancy Deposit Scheme

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 8387 or by email to claimsteam@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 our preferred method of settlement is by way of electronic transfer using BACS. If you would like to use this payment method please provide your bank details

Alternatively if you would prefer a cheque, to whom should it be made payable? \_\_\_\_\_

## Section 2 – Circumstances of the 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 – Circumstances of the 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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check that you have enclosed all relevant supporting documentation, before returning the completed claim form to Home and Legacy Insurance Services Limited, 500 Avebury Boulevard, Lower Ground Floor, Milton Keynes, Buckinghamshire, MK9 2LA or by Fax to: 0844 893 8387 or by email to [claimsteam@homeandlegacy.co.uk](mailto:claimsteam@homeandlegacy.co.uk)

## Section 4 – Details of claim

Please submit the following documents with this form:

**Building claims:** Detailed original estimates from tradesmen for the work necessary to repair the damage

**Claims for loss or damage to other property:** If the articles can be repaired - detailed original estimates from tradesmen for work necessary to repair the damage. If the article is lost, or damaged beyond repair - the original receipt for its purchase together with an estimate for the cost of its replacement. If possible please submit photograph of damaged article/property.

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

**Claims for Theft, Malicious, Intentional or Accidental Damage by Tenant:** please provide evidence to show that you have complied with the requirements of the Tenancy Deposit Scheme (if applicable).

Description of articles including make and model no.	From whom obtained	Date acquired	Original purchase price	Cost to replace or repair	Value of salvage (if applicable)	Amount claimed
<b>Total Claimed</b>						

## 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Duty of Disclosure

You are reminded that you must provide all relevant information likely to influence your claim or the cover provided under your policy. If you have any doubts as to whether a fact is relevant it should be disclosed. Failure to disclose relevant information may invalidate your policy or may result in it not operating fully.

### Data Protection

The data you provide will be used to process your claim and may be passed to other organisations involved in processing your claim for example to your insurer, loss adjusters or fraud detection and prevention agencies. This may include being sent, in confidence, for processing outside of the European Economic Area. The information provided 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.

### Claims and Underwriting Exchange

Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims and Underwriting Exchange register, operated by Insurance Database Services Limited. The information you supply on this form, together with relevant information you have supplied to us when arranging or renewing your insurance and other information relating to the claim will be provided to participants.