

CLAIM FORM

If you need any assistance in completion of this form please contact Home and Legacy Claims on: 0344 893 8360 or if you are calling from overseas call +44 (0) 020 3118 7777. Please check that you have enclosed all supporting documentation before returning the completed claim form to: Claims Department, Home and Legacy Insurance Services Limited, 500 Avebury Boulevard, Milton Keynes, Buckinghamshire, MK9 2LA. Alternatively email to claimsteam@homeandlegacy.co.uk

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 registered for VAT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If YES, please advise VAT number and status _____			
Was your insurance arranged through an intermediary?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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 <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"/>	
If YES, please give the Agent's contact details and the services provided			
Agent's Name _____			
Address _____	Town / City _____	Postcode _____	
Agent's Tel. No. _____	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"/>
If 'Other' please give details below			

What Tenancy Deposit scheme is used?			

What is the amount of tenancy deposit collected: £ _____			

SECTION 1 – GENERAL (CONT)

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. Please provide your bank details

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 (CONT)

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.

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.

SECTION 4 – DETAILS OF CLAIM (CONT)

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
Total Claimed						

IMPORTANT INFORMATION

Fair Processing (How we use your information)

To find out how your data will be used, you can find a copy of our full 'Fair Processing Notice' at www.homeandlegacy.co.uk.

Declaration

I declare that I was 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 declare that the above is a full and accurate statement, and I 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 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.

If there is anything that you do not understand please contact Home & Legacy.

Signature: _____

Name: _____

Date: _____

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Calls may be recorded for our joint protection, training and/or monitoring purposes.

