

premier
guarantee

Making house building. easier



Claim Form



Structural Insurance Period

Before submitting your claim, please consider the cover outlined in your Policy Document and Certificate of Insurance to ascertain if you can claim under the policy.

If you are eligible, please make sure this claim form is fully completed and all requested documentation is forwarded to prevent delays.

Certificate number

Do you have a copy of your Certificate of Insurance?

Yes

No

If yes, please enclose a copy of your Certificate of Insurance with this claim form.

Name of policyholder

Address of property insured

Telephone number

Home

Mobile

Email address (we will contact you via email unless you advise otherwise)

Correspondence address if different from above

Please confirm the type of property

Detached

Semi Detached

Mid Terrace

End Terrace

Apartment

Ground Floor

Top Floor

Middle Floor

Are you the original purchaser of the property?

Yes

No

Please advise the date of purchase and purchase price of the property and enclose a copy of the surveyors report

Date

Price

Does your claim relate to a new build or conversion?

New Build

Conversion

Please give full details of the damage

Does your claim relate to any common parts
(e.g. corridors and staircases in apartment buildings)?

Yes

No

If yes, please give full details of the common areas and the damage

Do you have a Managing Agent/Residents Association in
respect of the common areas?

Yes

No

If yes, please provide full contact details

If yes, please confirm your consent that we may deal with this party in respect of the common areas part of the claim

Yes No

Have you claimed under the policy previously?

Yes No

If yes, please advise previous claim numbers or dates of claims

Have you contacted your developer regarding this claim?

Yes No

If yes, please provide details of the developer and the discussions forwarding copies of any correspondence

Description of damage

Please describe the nature of the damage to the insured property. **Please provide photographs and a sketch of the damage on a separate sheet of paper only**

How long has the damage been evident?

Have you had any reports carried out in respect of the damage, or quotations to rectify the damage?

Yes No

If **yes**, please detail below and provide the reports or quotations with the claim form.

Important - Any costs incurred will only be considered if your claim is validated

Are you aware of any similar problems affecting other properties in your location?

Yes

No

If yes, please provide full details

Are you holding any retention monies on the property?

Yes

No

If yes, please provide full details including the amount

Does your claim relate to water ingress?

Yes

No

If yes, please provide full details of the weather conditions and the date of the weather conditions

Has any building work been carried out on this property since its completion?

Yes

No

If yes, please provide full details of the building work that has been carried out together with the date of the works

Other insurances

If you have any other insurance in force on your property you have an obligation to notify the relevant insurer as they may class the latent defect claim as a material fact applicable to their policy.

This policy does not cover damage caused by extremes of weather such as storm or flood. These claims should be referred to your general property / buildings insurers.

Please provide details of your property / building insurer, including policy number

Have you notified this matter to your property / building insurer?

Yes

No

If yes, please provide full details of the claim presented to them **including any payments that you have received**

DECLARATION

- I confirm that if I exaggerate or misrepresent any part of this claim, or make any false declaration or statement, I shall not be entitled to receive any benefit under the policy and the policy will be voidable from inception. Furthermore, I accept that any such action may render me liable for prosecution.
- I confirm that you may seek information from other sources, including other Insurers, to substantiate the answers I have given and all information supplied is true in every respect and to the best of my knowledge. In the event of a claim, you have my permission to pass any relevant personal information (e.g. name, address, telephone number) to third parties such as loss adjusters, lawyers, fraud prevention agencies or other professionals to help assist in the settlement of the claim.
- I understand that undue delay in submitting this form, or any other reasonably requested documentation, is in contravention of a policy condition and may prejudice my final settlement and any legal rights of recovery against another party. Such action may influence the Underwriter when considering the provision of indemnity under the terms of the policy.
- If it is possible for you to recover monies that you have paid out under the terms of the policy, I will cooperate fully with you in any recovery attempt you make. I understand you will pay all associated costs in relation to the recovery of your outlay.
- I will not take any action that may prejudice Underwriter's position in relation to recovery rights. I will advise you of any actions I am taking against another party relevant to the claim and I will not instigate proceedings to recover compensation arising from any incident to which the policy applies without prior consultation with MD Insurance Services Ltd.
- I confirm I have read and understood this declaration.

Signed

Print name

Date



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MD Insurance Services Ltd is the Scheme Administrator for the Premier Guarantee range of structural warranties.
MD Insurance Services Ltd is authorised and regulated by the Financial Services Authority.