

Rent Protect Claim Form

Addept aim to deal with your claim as quickly as possible. To enable us to do this, please complete this claim form and email it back, without delay to: -

landlordclaims@addeptgroup.co.uk

IMPORTANT NOTES ABOUT THE COMPLETION OF YOUR CLAIM FORM

1. You must return the claim form and all supporting documents to Addept within **45** days of the insured event. (*Claims reported between 45 and 90 days of the insured event date, will incur a one month's excess under the rent guarantee section. Claims reported after 90 days will not be accepted*).
Any delay could prejudice your position.
2. Until your claim is accepted, there is no cover for any legal fees incurred by you.
3. Your claim cannot be accepted until this claim form is returned and assessed by Addept.
4. Once your claim has been assessed, Addept will write to you.
5. Only legal fees incurred by Addept's panel solicitors will be covered under this insurance.
6. If you are a letting agent, please also complete Section 7 of this claim form.

Please complete this form with as much details as possible.

Section 1: Your Details (policyholder)

Landlords Name:	
Date of Birth:	
Address:	
Telephone/Mobile Number:	
Email Address:	

Section 2: Policy Details

Policy Number:	
Policy Type: <i>(delete as applicable)</i>	Legal Expenses Insurance only Legal Expenses & Rent Guarantee
Policy Type:	6 Monthly / Annual
Name of Insurer/Broker:	
Legal Assistance Helpline Reference Number:	
Have you instructed another firm of solicitors about his problem? If so, please provide their details here:	
Do you have any other insurance policies which may cover this claim? If so, please provide details here:	

Section 3: About the Property/Tenant/Guarantor

About the Property

Property Address:	
Type of Property:	
Apartment Security Code (if applicable):	
Original Tenancy Agreement Date From:	
Original Tenancy Agreement Date To:	
Subsequent Tenancy Agreement Date From:	
Subsequent Tenancy Agreement Date To:	
Do you have any other insurance policies which may cover this claim? If so, please provide details here:	

About the Tenant/s

Tenant 1 – Name:	
Date of Birth:	
Forwarding Address:	
Telephone/Mobile Number:	
Email Address:	
Tenant 2 – Name:	
Date of Birth:	
Forwarding Address:	
Telephone/Mobile Number:	
Email Address:	

About the Guarantor/s	
Guarantor 1 – Name:	
Address:	
Telephone/Mobile Number:	
Email Address:	
Guarantor 2 – Name:	
Address:	
Telephone/Mobile Number:	
Email Address:	

Section 4: Grounds for the Claim
 Please complete this section if your claim relates to a dispute with your tenant/s.
 For all other claims, please go to Section 5.

What are the details for the grounds of this claim?
 Give as much detail as possible:

If the claim is for rent arrears, please answer the following:

Date of First Arrears:	
Total Arrears:	
As at (date):	
Monthly Rent Amount:	£
Deposit Amount Held:	£
Was a Holding Deposit Taken? If so, how much: How was this offset – i.e. taken off first month’s rent or off deposit amount?	Yes / No £

For rent arrears claims, the tenant must be contacted to establish the reason for the default.
 If the tenant cannot be contacted, the insured or his agent must serve notice of a requirement to undertake an inspection and visit the insured property.
 Please provide details here of all steps that have been taken to ensure this has happened:

Section 4: Cont.

Has the Tenant/s left the property:	Yes/No
If yes, date property was vacated:	
Has a Section 21 Notice (Notice to Quit in Scotland) been issued:	Yes/No
Has a Section 8 Notice (AT6 Notice of Intention to Raise Proceedings in Scotland) been issued:	Yes/No
Has the Tenant/s applied for Housing Benefit:	Yes/No/Don't Know
Has the Tenant/s made a complaint about the condition of the property:	Yes/No
If yes, please provide details here and include a copy of the written complaint.	

BACS details for Rent Guarantee Claims

Please provide bank account details for rent arrears payments.

Account Name:	
Sort Code:	
Account Number:	
Payment Reference:	
Bank Name:	

Section 5: Complete this section if your claim relates to any other matter i.e. non-tenancy property infringement, defence or criminal prosecution etc.

Date when you first became aware of the problem/incident giving rise to the claim:	
Who is your claim against – Name:	
What is their Address:	
What is their status (delete as applicable):	Private Individual / Limited Company / Partnership / Sole Trader
What outcome do you hope to achieve by using legal action:	
Are you: - 1) Initiating the legal action 2) Defending the legal action 3) Making a Counterclaim	
Have legal proceedings commenced: If so, please enclose copies of any court papers.	Yes/No

Section 6: Check List
 To help us validate your claim without delay, copies of ALL the following documents must be included.

Tenancy Agreement/s	<input type="checkbox"/>	Guarantor Agreement	<input type="checkbox"/>
Copy of Rental Records	<input type="checkbox"/>	Deposit Scheme T&C's	<input type="checkbox"/>
Credit Reference & Searches	<input type="checkbox"/>	Copy of Insurance Certificate	<input type="checkbox"/>
Prescribed Information	<input type="checkbox"/>	Any Court Papers	<input type="checkbox"/>
Deposit Protection Certificate inc. evidence of T&C's/Brochure (tenancies post 1/4/07)	<input type="checkbox"/>	License to Let (if applicable)	<input type="checkbox"/>
Section 21 Notice / Notice to Quit (Scotland)	<input type="checkbox"/>	Covering letter serving Section 21 inc. evidence of issue	<input type="checkbox"/>
Section 8 Notice / AT6 Notice (Scotland)	<input type="checkbox"/>	Covering Letter serving Section 8 inc. evidence of issue	<input type="checkbox"/>

NOTE: If the tenancy started after 1st October 2015, please provide a copy of the Energy Performance Certificate (EPC), Electrical Safety Certificate, Gas Safety Certificate and How to Rent Leaflet that was given to the tenant upon the start of the tenancy. Please also confirm the following: -

Who issued these documents:	
When were the documents issued:	
How were the documents issued:	

If these documents were not supplied to the tenant as required, this may affect the claim.

If you do not have copies of these documents or are unsure whether they have been issued to the Tenant/s and you employ the services of a Letting Agent on a 'Managed' basis, we may be able to obtain copies and or conformation from the Letting Agent. In which case, please provide the Letting Agents contact details in Section 7 below.

Data Protection

I declare that the information supplied in this form and the documents sent in support of this claim represent a true, complete and honest statement of the facts and that I was not aware these could give rise to a claim at the time of taking out the cover.

Addept Insurance Services Ltd are committed to protecting and respecting your privacy in accordance with the General Data Protection Regulations. Any personal or special category (sensitive) information provided in this claim form or throughout the handling of this claim will only be used in accordance with our privacy statement which can be found at www.addeptgroup.co.uk.

We may need to share your personal or sensitive information with other organisations. We will not disclose your personal or sensitive information for any purpose other than the purpose for which it was collected.

We shall not keep your personal information for any longer than necessary.

I agree that this information can be forwarded to an appropriate third party but solely for the purposes of assisting or dealing with the claim.

I also agree that the third party can disclose to Addept Insurance Services Ltd any information it reasonably requests from them, relating to my claim.

Signed by the Landlord:	
Print Name:	
Date:	

Section 7 - Letting and Insurance Agents

If you are a Letting or Insurance Agent completing this form on behalf of a landlord, you must be authorised by the Financial Conduct Authority (FCA) to administer General Insurance Products.

Please complete the section below to enable us to deal with you.

If you are not authorised by the FCA and you do not have a signed letter from the Landlord giving you Power of Attorney, you cannot complete this form on the Landlord's behalf.

Your involvement is limited under the FCA rules to assisting in the claim by sending us the documentation requested in the Check List in Section 5 only. We are not permitted to send you any claim payments under the insurance including any Rent Guarantee payments if due. These will be sent directly to the landlord.

FCA Authorised Letting / Insurance Agents ONLY

Letting / Insurance Agent Name:	
Address:	
Telephone/Mobile number:	
Email Address:	
FAC Authorisation Number:	
Date of FCA Authorisation:	

IMPORTANT INFORMATION

Only legal fees occurred with our specific prior consent, will be covered under this insurance.

Letting / Insurance Agents Declaration

We declare that we have received the Landlord’s written consent to represent them and deal with this claim on their behalf and that we are authorised by the Financial Conduct Authority to administer General Insurance products.

We declare that the above information is, to the best of our knowledge and belief, correct. We therefore request indemnity in accordance with the terms of the policy.

We further agree that your preferred solicitors can be appointed to act on our behalf.

Signed by the Letting / Insurance Agent on behalf of the Landlord:	
Print Name:	
Position	
Date:	