

# Platinum Seal Ten-Year Warranty Scheme

## PARK HOME PURCHASERS WARRANTY CLAIM FORM FORM

PLEASE COMPLETE ALL SECTION OF THIS CLAIM FORM IN BLOCK CAPITALS USING A BLUE OR BLACK INK PEN AND RETURN IT TOGETHER WITH ALL SUPPORTING DOCUMENTATION AS DETAILED IN SECTION 4 TO:

**PARK HOME ASSIST INSURANCE SERVICES,  
7 Tudor Court, Wootton Hope Drive, Wootton Fields, Northampton NN4 6FF**

### PART 1: THE PARK HOME

Manufacturer:  Model:

Serial No:

Date of Manufacture:

Insurance Certificate Number:

### PART 2: THE VENDOR/PARK OWNER/PARK OPERATOR

Company / Park Name:  Tel No:

Fax No:

Company / Park Address:

Postcode:

Gold Shield Park Registration No.  BH&HPA Registration No.

Email Address:

### PART 3: THE FIRST PURCHASER

Name: Mr, Mrs, Ms or Title  Surname:

Forename(s)

ADDRESS (Location of Park Home)

Postcode:

Tel. No.

Correspondence address if different to park home address

Postcode:

Tel. No.

Date of First Purchase:

#### PART 4: DESCRIPTION OF DEFECT OR DAMAGE

- I. Please provide an exact description of the structural defects/damage to your home:  
(Please continue on an additional sheet if more space is required)
- II. When did you first notice the defects/damage to your home? (Month and Year)
- III. When did you first notify your manufacturer of your park home of these defects/damage to your home?  
a. How did you notify them (in writing, over the telephone, email etc) Please send copy correspondence.
- IV. What action did your manufacturer take when you notified them of the defects/damage to your home?
- V. Please provide details of any report carried out by your manufacturer when you reported the damage/ defects to your home.
- VI. Please enclose photos of the damage to your park home.
- VII. Please enclose copies of the receipts for the mandatory maintenance required to be carried out on your home as detailed in sections 8.0 to 8.9 of your Platinum Seal Warranty Agreement.

Please ensure that you have completed all areas of the claims form, and provided all information required of you, as failure to do so may delay in your claim being assessed.

Signed:

Date:

Print Name: