

WARRANTY CLAIM FORM

To help us to deal with your claim as effectively and efficiently as possible please ensure that where evidence is requested, this is submitted in full with this claim form where possible. Failure to supply the required information may delay the settlement of any valid claim. Please note, any questions marked with a '#' symbol require you to provide us with evidence. Please upload supporting evidence, along with any other documents you feel are relevant, at the end of this form.

1. Your Details:

Certificate Number	
Your Full Name(s)	Your Email Address
Preferred Contact Number	Mobile Telephone Number
House Number/Name	Address Line 1
Address Line 2	Postcode

Does Your Claim Relate To This Property? Yes No

Are you the first owner of the property? Yes No

Date Of First Purchase

DD/MM/YYYY

2. Your Property Details:

Manufacturer	Model
Serial Number	Date of Manufacturer DD/MM/YYYY

3. Description Of Claim

Did you purchase the property new?

Yes

No

Have you contacted your manufacturer regarding the damage?

Yes

No

If you notified your manufacturer of your property defects/damage to your home:

a) How did you notify them (in writing, over the telephone, email etc).

* Please send a copy of correspondence

What action did your manufacturer take when you notified them of the defects/damage to your home?

When did you first notice the damage DD/MM/YYYY

*Please provide as much detail as possible regarding the exact description of the structural defects/damage to your home:

*Please provide photos of the structural defects to your home, plus copies of all maintenance invoices carried out on your home.

Declaration

I agree that by completing this claim form to the Scheme Administrator (Park Home Assist Insurance Services), I have provided my agreement in saving and processing the information provided. Further details about how we process your information is available within our privacy statement on our website.

I confirm that if I exaggerate any part of the claim, or make any false declaration or statement, I shall not be entitled to receive any benefit under the Policy. Furthermore, I accept that any such action may render me liable to prosecution, and my warranty will be void.

I agree to the passing of my relevant personal information, when necessary, for this claim (e.g. name, address, telephone number) to the following third parties; Insurers/Underwriters', loss adjusters, manufacturer, fraud prevention agencies, remedial works contractors, surveyors or other building professionals to help assist in the settlement of the claim.

I confirm that you may seek information from other sources, including other Insurers, to substantiate the answers I have given and that all information supplied is true in every respect to the best of my knowledge.

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 Underwriters' when considering the provision of indemnity under the terms of the Policy.

I confirm that in the event of any occurrence which may give rise to a claim under this Policy, the Underwriter and its agents (including the Manufacturer, Repairers and / or their subcontractors) shall, with the permission of yourself, be entitled to enter the Home in order to carry out rectification works or the complete or partial rebuilding of the Home. If you unreasonably withhold such permission, then you shall be responsible for any additional costs caused by the delay in carrying out such works and agree that the Underwriter has the sole option to void the Policy from inception.

I agree that If it is possible for the Underwriters' to recover monies from parties deemed responsible for this claim for which cover has been provided for 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 associated with the recovery of your outlay.

I will not take any action that may prejudice Underwriters' 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 the Scheme Administrator.

Signature

Date

Name (Block Capitals)