



Landlord Tenant Dispute Form

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Please save this document to your desktop before you input any data, if the document is not saved the information input will not be retained. Once the document is complete please email it to newclaims@arag.co.uk

Important Note: You are reminded that the information you are about to provide must be true and accurate to the very best of your knowledge or belief. An insurance contract is one of utmost good faith, so if in any doubt as to the relevance of a factor, you should declare it. We would ask you to ensure that the information you are about to provide is true and accurate to the best of your knowledge or belief. Any person who knowingly and intentionally attempts to defraud any insurance company or files a statement of claim containing information which is false, or conceals information with the intent to mislead, is committing a crime and is liable to prosecution. Such an event will also render the policy and any cover under it, void.

We process your personal data in accordance with our Privacy Notice. For information on how we use your personal data, please refer to the ARAG Privacy Notice at <https://www.arag.co.uk/cookie-policy/>

Section 1 – Your Details

Your Name (claimant name - does not need to be policyholder)*:

How would you prefer to be addressed?:

Title *:

Postcode *:

Address 1 *:

Address 2:

Address 3:

Town *:

County:

Mobile Number *:

Home Number:

Work Number:

Email *:

Your Date of Birth*:

Section 2 – Policy Details

Name of the broker/agent or company that sold / provided you with the cover*:

Postcode *:

Their Address 1 *:

Their Address 2:

Their Address 3:

Their Town *:

Their County:

Contact Tel No. *:

Date Cover Started:

Are you the policyholder? * : Yes No

If answer is No then:

Name of policyholder *:

What is your relationship to the policyholder*:

Spouse/ Partner

Child

Broker

Solicitor

Executor

Other family member

Other

Power of Attorney

If answer is Other family member then:

Please Specify*:

Parent /Guardian

Grandparent

Aunt

Uncle

Sibling

If answer is Other then:

Please Specify*:

If answer is Solicitor then:

Do you have a signed mandate?* : Yes No

Does the policyholder have an email address?* : Yes No

If Policyholder has an email address then:

Policyholder Email *:



If Policyholder does not have an email address then:

(please provide policyholder address - note that the processing of the claim may take longer)

Policyholder Address 1 * :

Policyholder Address 2 :

Policyholder Address 3 :

Postcode * :

Policyholder Town * :

Policyholder County :

Policy number * :

Do you hold any other insurance which may cover this claim? * :

Yes

No

Section 3 – Tenancy Details

Postcode * :

Address 1 of insured property:

Address 2 of insured property:

Address 3 of insured property:

Town of insured property*:

County of insured property:

Do you use a letting agent? * :

Yes

No

If you use a letting agent then:

Postcode * :

Address 1 of letting agent* :

Address 2 of letting agent:

Address 3 of letting agent :

Town of letting agent * :

County of letting agent:

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Contact Name*:

Mobile Number*:

Contact Number:

Email*:

Tenancy start date (from)*:

Tenancy end date*:

Rent Payable*:

What date is rent normally due e.g. first day of every month*:

Amount of deposit taken*:

When was the deposit paid?*:

Under which Tenancy Deposit scheme is this held?:

Deposit Protection Service

My Deposits

Tenancy Deposit Scheme

Letting Protection Service Scotland

Safe Deposits Scotland

My Deposits Scotland

Other

If answer is Other then:

Please Specify*:

Section 4 – Details of Tenant

1st named*:

2nd named:

3rd named:

Do the tenants still occupy the property?:

Yes

No

If answer is No then:

What date did they leave? *:

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If address of Tenant 1 is different to the insured property then:

Postcode * :

Address 1 of Tenant 1* :

Address 2 of Tenant 1:

Address 3 of Tenant 1 :

Town of Tenant 1 * :

County of Tenant 1:

Mobile Number * :

Home Number :

Work Number :

Email * :

Please provide other details that will assist in tracing the tenant(s) e.g. place of work and work telephone number:

Have any attempts been made to relet the property?:

Yes

No

Not Applicable

If is Yes then:

Date the property was relet:

Amount of new rent:

Per month / per year:

Month

Year

Section 5 – Claim Details

Date unpaid rent first became due:

Amount of rent owing:

At Date?:

Is there a guarantor for the property?:

Yes

No

If is Yes then:

Name of guarantor(s)*:

Postcode *:

Address 1 of guarantor(s)*:

Address 2 of guarantor(s):

Address 3 of guarantor(s):

Town of guarantor(s) *:

County of guarantor(s):

Mobile Number *:

Contact Tel. Number:

Work Number:

Email *:

Is any rent paid by Housing benefit/Local Authority allowance?:

Yes

No

If answer is Yes then:

Specify amount*:

Is the property being occupied by squatters or other occupants without agreement or authorisation?:

Yes

No

Please provide brief details:

Please provide brief details of the circumstances giving rise to this claim*:

Have you sought advice from our Legal Helpline? *: Yes No

If answer is Yes then:

Please state when you sought advice from our Legal Helpline*:

What resolution are you seeking?: Defence of claim Compensation Apology Other

If answer is Other then:

Please specify:

Section 5 – Declaration

I declare that the information supplied in this form and the documents sent in support of the 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. (Please tick box to accept)*

Do you have any special requirements or adaptations you require ARAG to make when corresponding with you on this matter?* Yes No

If answer is Yes then:

Please let us know what special requirements or adaptations you require*:

In order to identify you, the policyholder or the person making the claim, we will require you to confirm your identity should you need to call our office regarding your claim. We will do this by verifying the details contained within Section 1 of this form with you and also by validating your answer to the below which will form your password when calling our offices over your claim. Please provide a memorable word below.*: