

Rent Protection and Legal Expenses **Claim Form**



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Please note you will need to download the pdf and save a blank copy prior to completion. To do this please right-click on the appropriate form and then select 'Save link as...' from the resulting menu. Once the form is downloaded it can be opened using any standard PDF reader and you will then be able to complete, save and send this back to us. If you do not do this, your browser might open your pdf directly but any changes you make may not be saved. Once the document is complete please email it to newclaims@arag.co.uk

We will process your claim promptly, including sending an acknowledgement within 1 working day. Please do not instruct a solicitor or other professional advisor in relation to this matter, since we will appoint one of our approved representatives specialist in such matters in the event that the claim is covered. Any fees or expenses incurred without our authority are not covered under the policy.

If you need any assistance in completion of this form please contact ARAG Claims on 0117 917 1698

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.

Section 1 – Landlord's Details

(Please ensure full details of the Landlord are provided)

Title (Mr, Mrs etc.)	First name	Other initials
Surname		
Correspondence address		
	Postcode	
Contact telephone	Mobile	
Email		
Your date of birth	(DD/MM/YYYY)	
How would you prefer to be addressed?	By first name	By last name
Are you VAT registered?	Yes	No
Name of the broker who sold you the cover		
Policy number		
Date cover first commenced		
We suggest email as the usual method of correspondence. If however you would prefer not to be contacted this way, please indicate here	Yes, email is ok	Do not email
Payments made to you will normally be paid directly into your bank account by electronic transfer. Please therefore advise:		
Bank account number	Sort code	
Name of account holder		

Section 2 – Tenancy Details

Address of insured property	
	Postcode
Name of letting agent	
Address of letting agent	
	Postcode
Contact name	
Contact telephone	Mobile
Email address	
Tenancy start date (from)	DD/MM/YYYY
Tenancy end date	DD/MM/YYYY
Rent payable £	per month per week
What date is rent normally due	e.g. first day of every month
Amount of deposit taken £	
When was the deposit paid?	DD/MM/YYYY
Under which Tenancy Deposit scheme is this held?	

Section 3 – Details of Tenants

Full name(s) of tenants	
1st named	
2nd named	
3rd named	
Do the tenants still occupy the property?	Yes No
If 'no', what date did they leave?	DD/MM/YYYY
Address of tenants (if different from above)	
	Postcode
Contact telephone number	Mobile
Email address	
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
Date the property was relet	DD/MM/YYYY
Amount of new rent	per month per week

Section 4 – Details of the claim

Please indicate the type of claim involved

Repossession	Rent Indemnity	Property damage
Eviction of squatters	Recovery of rent arrears	

Date unpaid rent **first** became due DD/MM/YYYY

Amount of rent owing £
At date? DD/MM/YYYY

Details of guarantor(s) (if applicable)

Please also attach copies of Guarantor's agreement and references taken

Name of guarantor(s)

Address of guarantor(s) Postcode

Contact telephone number

Work telephone number

Mobile

Email address

Is any rent paid by Housing benefit/Local Authority allowance? Yes No

Is the property being occupied by squatters or other occupants without agreement or authorisation? Yes No

If so, please provide details

Please provide any other information which could help the insurers in the handling of the claim or recovery/pursuit of any party.

Have you contacted our legal helpline? Yes No

If so, please state date

Checklist of required document copies

Please attach copies of all required documents outlined below:

For your claim to be dealt with quickly you must enclose relevant documents. Failure to provide this information may prejudice your claim.

Please do not send original documentation as we cannot guarantee its safety. Unless we receive written instructions to the contrary, any documentation supplied will be destroyed once it has been scanned onto our computer system.

Evidence to show that you have complied with the requirements of the Tenancy Deposit Scheme, this should include a copy of the prescribed information provided to the tenant

Included

Not included

Copy of the Tenancy Agreement

Included

Not included

Copy of any Guarantors covenants

Included

Not included

Copy of any formal Notices served in connection with gaining possession of the property (i.e. Section 21 and Section 8 Notices)

Included

Not included

Copy of any correspondence in connection with gaining possession of the property

Included

Not included

Copies of the References on all tenants (and Guarantor if applicable)

Included

Not included

Initial Property Inventory and Condition Report

Included

Not included

Final Inspection Report

Included

Not included

A copy of the Rent Schedule detailing the rent due and the dates that any rental payments were received

Included

Not included

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. I accept that by adding my name in either cell marked "signed", this shall be treated as no less legally binding than had I manually signed the Claim Form.

In accordance with the General Data Protection Regulation any personal or special category (sensitive) information provided in this claim form or throughout the handling of the claim will only be used in accordance with our privacy statement which can be found at <https://www.arag.co.uk/cookie-policy>

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 (including any customer satisfaction survey relating to your claim).

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

Signed

Date

Name

If the claimant is someone other than the policyholder, the policyholder must sign below to confirm that they have given authority to the claimant to make this claim under the policy.

I declare that the above person is duly authorised to make this claim

Signed (policyholder)

Date

Name

Please note: we require you provide a copy of your most recent policy schedule when returning your claim form and failure to include this may result in the delay of your claim's assessment.

Schedule included

Section 6 – Password

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.

Memorable place:

ARAG plc registered in England number 02585818. Registered address: 9 Whiteladies Road, Clifton, Bristol BS8 1NN.

ARAG is authorised and regulated by the Financial Conduct Authority firm registration number 452369, and this can be checked by visiting the FCA website at www.fca.org.uk/register or by contacting the FCA on 0845 606 1234.

ARAG plc is covered by the Financial Ombudsman Service.