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| **Housing Insurance Claim Form**  IF YOU ARE A **LEASEHOLDER** AND YOUR **HOME HAS DAMAGE** CAUSED BY:   * LEAKING PIPES / WATER * APPARATUS / FIRE * A BREAK-IN   PLEASE DO NOT COMPLETE THIS FORM BUT CONTACT YOUR INSURER’S LOSS ADJUSTOR ON **0161 823 1912** AND QUOTE POLICY NO. **3139238.**  **PLEASE NOTIFY YOUR INSURERS OF THE POTENTIAL CLAIM WITHIN 30 DAYS FROM INCIDENT DATE.**  IF YOU ARE A **TENANT OR LEASEHOLDER** AND HAVE SUFFERED DAMAGE TO YOUR CONTENTS, PLEASE CONTACT YOUR CONTENTS INSURANCE PROVIDER TO REGISTER A CLAIM.  **IF YOU ARE COMPLETING THE BELOW FORM**:   * PLEASE COMPLETE PRECISELY & TO THE BEST OF YOUR KNOWLEDGE. * CONTINUE ON A SEPARATE SHEET OF PAPER IF NECESSARY * ENSURE YOU SUPPLY **ALL** EVIDENCE OF ANY DAMAGE SUSTAINED IN YOUR HOME |

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| **Section 1. Please fill in your up-to-date contact details correctly. You may be contacted at a later date.** |
| Title: |
| Name of claimant: |
| Claimant address: |
| Tel No: Secondary Tel No: |
| Email: |
| Occupancy Status: FREEHOLDER  LEASEHOLDER  TENANT  MANAGING AGENT |
| Do you have contents insurance? Yes  No  If yes, please provide us with the insurers name, address, and policy number  Has your contents insurer been notified of this claim?  Yes  No |

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| **Section 2) State the dates of the incident(s) reported, include any repairs reference numbers for informational purposes.** | |
| Incident address if different from the above: | |
| Date of incident: | Time: |

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| **Section 3) State precisely where the damage occurred in your home, Date of when the defect(s) were repaired & any previous defect(s) at the address.** |
| Location within the property of where damages occurred:  ***This refers to where the damage occurred inside your home, this may be in the kitchen, bathroom, hallway, living room, bedroom(s) area. Please be precise as possible and state if damages occurred in multiple rooms.*** |
| How did the damage occur? What caused this to happen? |
| Have you previously experienced similar incidents in the property? If yes, please supply the following –  ***Description of the incident/damage, date this occurred, date of repairs, did you make an insurance claim? If yes, who was the claim with? What was the outcome of the insurance claim?*** |

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| **Section 4 – State when the defect(s) were repaired, provide any repair order numbers & why Tower Hamlets may have been negligible.** |
| Date when Tower Hamlets/Contractors repaired the defect(s)?  ***Please provide any details of works order numbers you may have*** |
| Why do you consider Tower Hamlets to have been negligent? |
| **Section 5 – Applicable only to Leaseholders/Managing Agents/Freeholders. Please do not complete if you’re a TH residential tenant** | |
| Did you claim against your buildings/home/landlord’s insurance policy?  Yes  No | |
| What was the outcome of your claim?  **Please supply evidence if your claim was approved/rejected. If approved, please provide a breakdown of the items in which the insurance company settled your claim for, if repudiated, please provide evidence of repudiation followed by the reasons why?** | |

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| **SECTION 6** | | | |
| **DETAILS OF ITEMS LOST OR DAMAGED – SEE NOTES BELOW**  DO NOT DESTROY DAMAGED ITEMS UNTIL ADVISED TO DO SO BY A COUNCIL OFFICER  SEE BELOW FOR EVIDENCE REQUIRED TO SUPPORT YOUR CLAIM | | | |
| **Full Item Description** | **Item Value to repair/replace** | **Details of damage to item** | **Purchase price/date of item purchased** |
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| *TO SUPPORT YOUR CLAIM PLEASE PROVIDE THE INFORMATION BELOW –*   * Original receipts for damaged goods should be attached to this form * Bank statement to show proof of purchase of damaged contents * In the event that electrical goods, carpets, upholstery, and bedding are considered beyond redemption,   please provide written proof of this, from the appropriate repair specialist or cleaner   * Please provide photographic evidence of the damaged items you are claiming for | | | | |

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| This Authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administrating public funds solely for these purposes.  The issue of this for is without prejudice and should not be misconstrued as accepting or admitting.  any liability of the Council, nor as a promise of payment.  By signing & returning the completed form, you adhere to comply with our GDPR regulations –  [GDPR (towerhamlets.gov.uk)](https://www.towerhamlets.gov.uk/lgnl/council_and_democracy/data_protection__freedom_of/GDPR/GDPR.aspx)  Failure to complete any of the above sections on the form may invalidate your claim and require you to re-send a completed claim form. Please *submit clear photographic evidence of the damages suffered with the completed claim form* as without sufficient evidence being supplied, your Housing Insurance Claim settlement may be significantly reduced/rejected.  **Signature Date**  Please submit this completed document through Tower Hamlets [online form](https://www.towerhamletshomes.org.uk/my-home/insurance/make-claim-for-loss-or-damage/submit-a-housing-insurance-claim-1) or alternatively you can post your documents to **Tower Hamlets Town Hall 160 Whitechapel Road London E1 1BJ**  **.** |