Claim Form

Please scan and return the completed Protek Claim Form and any supporting documents to: Email: customerservice@protekwarranty

SECTION ONE: Policy Details

Policy Reference Number:	
Policy: (Please select the type of policy)	☐ Protek New Home Warranty ☐ Protek Completed Warranty ☐ Protek Basic Warranty ☐ Protek Custom Build Warranty ☐ Protek Social Housing Warranty ☐ Protek Self-Build Warranty ☐ Protek Site Insurance
Policy Start Date:	
Policy Expiry Date:	

POLICYHOLDERS DETAILS	
Company Name:	
Full Name:	
Contract Address:	
Contact Telephone Number:	
Contact Mobile Number:	
Contact Email Address:	

HOUSING UNIT	
Plot number (if known)	
Full Address of the Housing Unit insured:	

SECTION TWO: Loss or Damage

	DESCRIPTION OF DAMAGE	
Date of Discovery:		
Description of Loss:	(Please use additional sheets if required)	
Does your claim relate to any common parts?	Yes / No	
Have you obtained a professional's opinion, report or survey?	Yes / No	If you have obtained an independent opinion, report or survey please submit a copy together with the completed Claim Form.
Have you obtained an estimates for the repair works?	Yes / No	If you have obtained estimates for the repair works please submit a copy together with the completed Claim Form.
Estimated Cost of Repair:	£	
Do you hold any other insurance which would cover the loss or damage?	Yes / No	

SECTION THREE: Warranty (to be completed for claims on Warranty policies only)

PURCHASE DETAILS	
Did you purchase the property from the original developer?	Yes / No
Date you purchased the property	
Purchase Price:	

RETENTION OF FUNDS	
Have you contacted the original Developer/ Builder regarding the claim?	Yes / No
Have you withheld any money from the Developer over the purchase of the property?	Yes / No If Yes, please confirm the amount withheld and the reason for the retention £

SECTION FOUR: Site Insurance (to be completed for claims on Site Insurance policies only)

POLICE NOTIFICATION	
Have the Police been notified of the loss?	Yes / No If Yes, please confirm the Crime Reference Number: Crime Reference Number:

SECTION FIVE: DECLARATION (to be completed for ALL claims)

DECLARATION

I have read all of the statements and details given in this form (including any answer written for me by any other person) and I declare that to the best of my knowledge and belief they are correct and that no material fact has been omitted, misrepresented, mis-stated or exaggerated.

I confirm that Protek may seek information from other sources and the information I have provided may be passed any relevant personal information to third parties such as loss adjusters, lawyer, fraud prevention agencies or other professional to help assist in the settlement of the claim.

Signed:

Print Name:

Date:

Please scan and return the completed Protek Claim Form and any supporting documents to:

Email: customerservice@protekwarranty.co.uk

Post: Protek Group Limited
First Floor Marlbridge House
Enterprise Way
Edenbridge
Kent
TN8 6HF