

Guardsman Upholstery Claim Form



Please complete the form in **BLACK INK** and **BLOCK CAPITALS**
Please **DO NOT** staple documents together

SECTION 1: POLICYHOLDER DETAILS

Name of Policyholder: _____	
Address/location of furniture: _____ _____ _____	
Postcode: _____	

INSTRUCTIONS:

1. Answer all questions fully
2. Enclose a copy of your sales invoice if available (not original)
3. Failure to comply with the above may delay the outcome of your claim

PLEASE PROVIDE AT LEAST ONE CONTACT NUMBER, PREFERABLY A MOBILE NUMBER, WHERE YOU CAN BE REACHED MONDAY TO FRIDAY BETWEEN THE HOURS OF 9:00AM AND 5:00PM

Preferred number:

Alternative number:

PROVIDING AN EMAIL ADDRESS WILL ENABLE US TO PROCESS YOUR CLAIM MORE QUICKLY

Email address: _____

SECTION 2: INCIDENT DETAILS

FOR ALL INCIDENTS OF DAMAGE PLEASE COMPLETE THE FOLLOWING SECTIONS ACCURATELY. FAILURE TO COMPLETE THE FORM FULLY MAY DELAY THE OUTCOME OF YOUR CLAIM

Incident	When did you notice the damage? (Date)	What damage has occurred? E.g. A black/white coffee stain or a rip	What areas of your furniture are affected? E.g. Across 2 x seat cushions on 2 seater sofa or on left facing arm on the armchair	How did this happen?/Who caused the damage? E.g. My child spilt a drink or I caught the fabric with my keys
Incident 1				
Incident 2				
Incident 3				

SECTION 3: CLAIM DETAILS

Certificate Reference Number/
Customer Reference Number: Retailer name:

Damaged item: (Tick all that apply) Sofa Chair Footstool Corner unit Other:

Type of upholstery: Fabric Leather Leather & fabric mix Vinyl/Faux Leather Other:

Is your furniture used for: Domestic Business Both domestic and business

If you are claiming for a fault with an electric recliner, have you checked the fuse in the plug? Yes No

Has the damage been repaired previously and if yes, by whom?

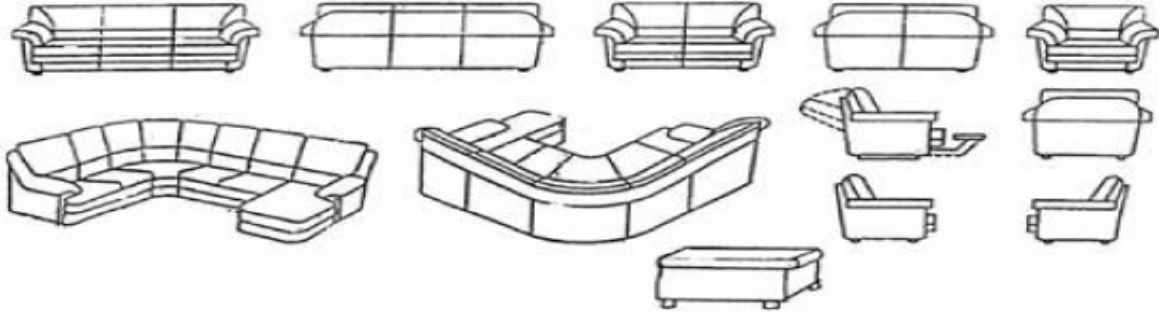
SECTION 4: LOCATION AND EXTENT OF THE PROBLEM

How many people is your furniture designed to seat? How many seat cushions does your furniture have?

Have you attempted to clean or repair the damage? If yes, how?

When was the furniture last professionally cleaned and by whom?

On the image that most resembles your furniture, please circle the location of the damage:



SECTION 5: DATA PROTECTION - only the policy holder can give us permission to talk to another person

Except as authorised in the declaration below, Guardsman Industries will not discuss your claim form or policy details with anyone else without your permission. This includes your spouse, any other relative, friend or legal advisor.

If you want to give us permission to talk to another person, please state up to 2 names and their relationship to you below. This authorisation will enable the person(s) listed to act on your behalf for the duration of the claim.

Name:

Relationship:

Name:

Relationship:

SECTION 6: DECLARATION

Before sending the claim form to Guardsman, please ensure that you have done the following, and tick the boxes below.

Please note we are unable to return any of the original documents.

- Enclosed a legible copy of your sales invoice (**not original**) showing furniture & the purchase of Guardsman Protection Plan
- Form signed by policyholder. Failure to comply will result in a delay in processing your claim.
- Please tick if you have any other ongoing claims and provide your claim reference number
- Photographs of damage are included

I authorise the Company and any of its representatives to discuss, make enquiries, obtain or provide information they consider relevant from any third party, to resolve my claim.

I declare the information I provide on this claim form is a true and accurate reflection of the extent and cause of the damage. I understand that my policy will become void if any fraudulent or misrepresented claim is made. I also understand that should an appointment be agreed by myself or my representative and not kept or cancelled without having provided 24 hours notice then a call-out charge will be levied.

Policyholder signature: Date:

This form will be returned if not signed by the policyholder.

Please send the completed claim form, signed by the policyholder, enclosing a copy of your sales invoice to:

Claims Department, Guardsman Industries Ltd, 152 Brook Drive, Milton Park, Abingdon, Oxfordshire OX14 4SD

Please ensure that the correct postage is paid, we are unable to receive claim forms where postage has been underpaid

Alternatively, you can email the relevant documents to newclaims@guardsman.co.uk

Information about you (Data) will be held by Guardsman Industries Ltd (also trading under the name Safeclean) and businesses owned or licenced by it (Guardsman) for the purpose of providing you with the services you require. Data is held securely, and unless required to do so by law and subject to what is stated below, Guardsman will not share such Data with any third parties. Guardsman may use Data for the purposes of contacting you about its services and may share Data with other businesses for the purposes of providing you with the services you require; and such businesses may contact you about their own services.

If you do not wish to receive marketing information, please contact Guardsman at the address shown on this document.