

Guardsman Dining and Cabinet 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 scratch or pasta sauce stain	What areas of your furniture are affected? E.g. Across my dining table top or on the seat cushion of a fabric dining chair	How did this happen?/Who caused the damage? E.g. I scratched it with a dinner pot or my child spilt their dinner
Incident 1				
Incident 2				
Incident 3				

SECTION 3: CLAIM DETAILS

Certificate Reference Number/
Customer Reference Number:

Retailer name:

Damaged item(s): Dining Table Dining Chair Cabinet Wardrobe Drawers Other:

Type of material: Wood Glass Marble Fabric Seat Leather Seat Other:

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

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

SECTION 4: LOCATION AND EXTENT OF THE PROBLEM

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.