

Guardsman Bed and Mattress Claim Form

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

SECTION 1: POLICYHOLDER

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 your claim

Please provide at least one contact number where you can be reached Monday to Friday, between 9am-5pm

Preferred number: Alternative number:

If necessary, are you happy for us to provide your mobile number to a third party to receive delivery updates by text?
 Yes No

Providing an email address will enable us to process your claim more quickly and send you updates about your claim:

Email address: _____

SECTION 2: FURNITURE AND INCIDENT DETAILS

Certificate/Customer Reference No.: Delivery date of furniture: Retailer name:

We are committed to combating fraud. Any person who knowingly presents a false claim is committing a criminal offence. If a claim is found to be exaggerated, misrepresented or fraudulent, the claim will be considered invalid and the policy may be voided with no refund of premium.

For all incidences of damage please complete the following sections accurately. Failure to complete them fully may delay your claim.

	Incident One	Incident Two
What is the damage? e.g. Coffee stain		
Where is the damage?/ What does it cover? e.g. On left hand facing side of mattress		
When did this happen/ when did you notice it? e.g. 30th June 2019		
How did it happen? e.g. I tripped whilst carrying a mug of coffee		
Who caused it? e.g. Myself		
Any additional information:		

SECTION 3: CLAIM DETAILS

Damaged item: Mattress Mattress protector Headboard Base of bed Other:

Size of bed: Single Double King Super King Other:

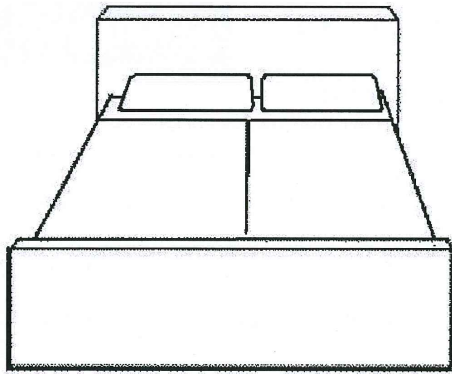
Type of covering: Fabric Leather Wood Other:

Is your furniture within a business or domestic property? Domestic Business Both domestic and business

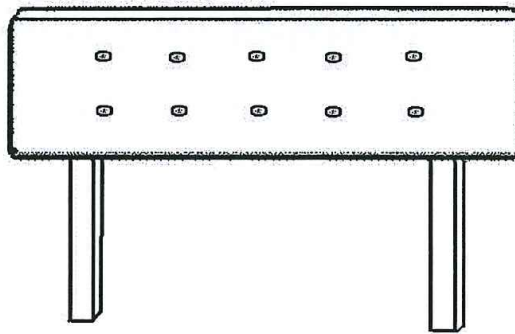
Has the damage been repaired previously and if yes, by whom? _____

SECTION 4: LOCATION AND EXTENT OF THE PROBLEM

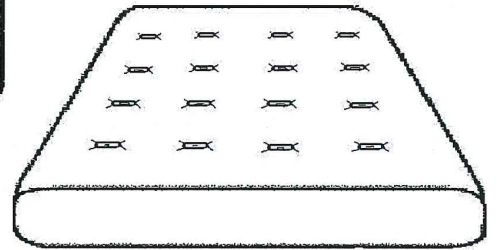
On the image that most resembles your furniture, please circle the location of the damage:



Bed (any size)



Headboard



Mattress

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 any other 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: _____

If necessary, are you happy for us to discuss your claim with your furniture retailer? Yes No

SECTION 6: DECLARATION

Before sending the claim form to Guardsman, please ensure that you have done the following:

- I enclose a **legible copy** of my sales invoice showing the furniture & the purchase of my Guardsman Protection Plan
- The form has been **fully completed** and **signed by the policyholder** (failure to comply will result in a delay in processing your claim).
- Photographs of the damage are included (photos of the damage can help to speed up your claim, please send them to: newclaims@guardsman.co.uk. Photos to include: the whole item, the damaged section and a close up of the damage).

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

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: _____

Your claim cannot be processed if not signed by the policyholder

Please return the completed form, signed by the policyholder, with a copy of your sales invoice to: newclaims@guardsman.co.uk
Alternatively, you can post your form 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

We take data protection very seriously. To read our full privacy policy visit www.guardsman.co.uk