

Tenant Performance Bond



Claim Form

For Office Use Only

Reference	
Claim No.	

Date	
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TP Bond Holder, or TP Bond Holder's Agent			
Address			
PostCode		Telephone Number	

TP Bond Number		TP Bond Date	
Tenant's Name(s)			
Rental Property Address			
PostCode			

Particulars of Claim (please describe circumstances of short payment of rent and/or damage):

How much rent is currently overdue?	£	What is cost to repair damage, or other AST breaches?	£
Have you attached estimates for repairs if claim relates to damage (Y/N)		Is damage (if any) covered under any other insurance (Y/N)	

DECLARATION:

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief.
 I/We have not withheld from the underwriter any information within my/our knowledge connected with this claim.
 I/We agree to provide the underwriter with any further information or documentation as may be reasonably required.
 I/We understand that the underwriter does not admit liability by the issue of this form.

Signed
 (TP Bond Holder or TP Bond Holder's Agent) _____

Date ____/____/____

Please note the Claims Procedure relating to your Tenant Performance Bond, as detailed below. Please ensure that all required paperwork accompanies this claim.

CLAIMS PROCEDURE

1. You must notify the Administrator of the Tenant's failure to:
 - a. pay the Rent, within 21 days of the date on which the Rent should have been paid into Your bank account
 - b. meet its obligations with regard to any other conditions of the AST Agreement, within 21 days of You becoming aware of the breach which for the avoidance of doubt must be prior to the expiry of the Period of Cover.
 By completing a Claims Form which may be obtained by contacting info@tenantperformancebond.com . Failure to notify the Administrator of a potential claim within this timeframe will invalidate the claim.
2. In the event of a claim, You must provide the Administrator with the following which must be sent by registered post:
 - a. a copy of the signed AST Agreement and a copy of any inventory and/or photographic evidence confirming the condition of the Property at the commencement of the AST, as detailed in Conditions 1(f) above
 - b. a copy of the Acceptable Reference received from the tenant vetting company in respect of each person making up the Tenant
 - c. a copy of the passport and/or driving licence (or other photographic proof of identity) for each person making up the Tenant
 - d. the original Deed of Indemnity signed by each Tenant and which is correctly witnessed
 - e. a copy of the original Bond supplied to You by the Administrator
 - f. proof that You have written to the Tenant, at least 10 days before You advise the Administrator, requesting the Tenant to rectify any breach of the AST Agreement and confirmation that You have not received a satisfactory response from the Tenant
 - g. in respect of a claim for damage to the Premises photographs of the damage and two quotes for repairing the damage
 - h. details of amounts owing to You as a result of the Tenant's failure to meet their liabilities under the AST Agreement and any supporting documentation
 - i. if applicable, the original Guarantor Indemnity form(s), properly signed and witnessed, along with a copy of the Administrator's written approval of the Guarantor(s)
3. The Insurer agrees to settle any valid claim on the following basis:
 - a. in the case of non-payment of Rent by the Tenant/s payment will be made within 21 days of receipt of all necessary documentation
 - b. in the case of damage to the Premises authorisation will be given to a contractor within 21 days of You providing satisfactory proof that the damage was caused solely as a result of the Tenant's act or neglect
4. The Insurer reserves the right to use a repairer of its choice and to validate any claim submitted under this Bond in any manner it deems appropriate including a physical inspection of the Premises

Please post your completed Claim Form, along with all necessary documentation, to the address detailed below by Recorded Delivery

Tenant Indemnity Services Limited
 [as administrators for Red Sands Insurance Company (Europe) Limited, the Underwriter]
 Lock Keeper's Cottage
 The Marina
 Hull, HU1 1UH
 Tel: 08450-945647 Fax: 08450-945648