

Claims Form

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To raise a claim on your prope	erty, please fill in the form below a	s accurately as possible.
Full Name:		
Address:		
County:		Postcode:
Contact Number:		Email:
Insurance Certificate Det	tails:	
Certificate Number:		
New Build:		
	Yes	No
Did you purchase the property	from the original developer?	
	Yes	No
Developer Details:		
ICW Registration Number:		
Full Name:		
Address:		

Postcode:

City:

Has the developer been informed	ed of loss or defect?			
	Yes	No		
Is the developer still trading?				
	Yes	No		
Please provide copies of your correspondences. These can be sent to claims@i-c-w.co.uk along with this form				
Date Claim Discovered:				
Estimate Cost of Claim:				
Please describe the nature of the	ne loss or defect and how it occurred:			

claim. These can be sent to claims@i-c-w.co.uk along with this form. Are you currently holding retention monies on the property?				
Please note that incomplete information can lead to a delay in processing your claim.				
Declaration				
I/We wish to make a claim under t is correct to the best of my/our kno		program and declare that the information given above		
Investor Name(s):				
Signature:	С	Date of submission:		

Please provide any relevant estimates and reports regarding the

International Construction Warranties Ltd hold personal data in accordance with the Data Protection Act 1998. It may be necessary for us to pass data to the other organisations that supply products and services associated with your insurance contract, including the builder/developer of your property.

FRAUD WARNING

Should it be discovered that any information provided is deliberately false, this would be an act of fraud. In this situation your information will be passed onto the authorities who will investigate the matter as a criminal offense.