**Mandate Consent for DIH Limited to Act and Liaise with Your Insurers on your behalf.**

**(Mandate, this is your voluntarily signed authority agreement)**

This Authorisation has been voluntarily signed and is my/our signed agreement for you my Insurers to liaise with the ‘Company’ DIH Limited (Drain Investigation Handlers) and or any associated/authorised ‘Third Party Personnel’ and or their ‘Acting Agents’ to comply with General Data Protection Regulations 2016/679 (privacy and protection rules).

I/We, the Insured have had cause to suspect there is a drainage issue with the system servicing my/our property. As a result, a specialist company has attended the property to investigate the cause. I/We have been made aware that our Investigation may cover any cost of repair and or replacement under my Buildings/Contents Insurance Policy. This mandate is my/our full authorisation and acknowledgement for all parties to communicate in order to resolve this matter.

**Personal Information**

**Full Names (First Person): Full Names (Second Person):**

(Please specify all names, if joint legal owners)

**Date(s) of Birth:**

**Property Address:**

(Please include Post Code)

**Correspondence Address:**

(If different from above)

**Tel. No: Tel No: Tel No:**

(Mobile) (Home) (Other – please specify)

**Email Address:**

**PLEASE INDICATE WHICH METHOD OF CONTACT YOU WOULD PREFER.**

**(Please state if restrictions apply)**

Post Email Home Telephone Text

*Notes/Further Information:* (Please continue on a separate sheet if necessary).

**Your Insurance Company/Provider Information**

(Please complete all information where applicable)

**Insurance Company Name:**

**Full Postal Address:**

(incl. post code)

**Contact Name (if you have one):**

**Email Address:**

**Contact Telephone Number(s):**

**Your Policy Number:**

**Policy Excess Fee:**

**If your Policy is underwritten, please provide the contact details, including telephone number and or email address:**

- I/We wish to appoint DIH Limited to act as my/our representative to assist with the administration and negotiation of my claim in its entirety whilst this matter is ongoing. I/We give authorisation for all parties to communicate for the purpose of resolution in this (potential) claim in accordance with GDPR rules and regulations.

- This authorisation/mandate is my/our signed authority and declaration for the use of full disclosure of information in this regard between my/our Insurance Company, their agents, associated business partners such as loss adjusters and DIH Limited and their agents, associated business partners and or approved installer or STP systems or equipment Company.

- Should the claim be successful and you my/our insurers issue funds or make any payments (stage or otherwise) in relation to this claim, I give unequivocal permission for such payments to be made directly to DIH Limited (Drain Investigation Handlers) to settle all attributed costs with the appointed Authorised Installation/Repair Company.

- This is a legal authorisation, and I/We are aware of the ramifications signing this document places upon myself/us.

- Whilst I/We have joint legal responsibility for the property, I/We agree and grant permission to DIH Limited that either one of us (named above as joint legal owners) can be contacted separately in relation to the resolution of this matter.

Signed: Signed:

Printed Name Printed Name

Dated: Dated: