

HOUSEHOLD CONTENTS REMOVAL &/or STORAGE INSURANCE

CONTRACTORS SUPPLEMENTARY CLAIM FORM

Removers Name and Address	Removers Claim Ref
	Policy No and/or Certificate No
Removers Job Reference	Claim Form sent to Claimant? YES <input type="checkbox"/> Date _____ NO <input type="checkbox"/>

SECTION 1 – PARTICULARS OF REMOVAL AND/OR STORAGE

Removal between Residences	Removal INTO Storage	Removal FROM Storage	Insured Value as declared by Customer
Date	Date	Date	£
For STORAGE only – Was an Inventory taken? YES <input type="checkbox"/> NO <input type="checkbox"/>	Did your Customer receive a copy? YES <input type="checkbox"/> NO <input type="checkbox"/>	Were the goods checked off on delivery? YES <input type="checkbox"/> NO <input type="checkbox"/>	

SECTION 2 – CONTRACTOR'S REPORT

*please delete where applicable

Cubic Volume of Load/Lot	Cu. Ft/Metres	Full or part Vehicle Load
Age and Quality details: Age: (mainly) * ANTIQUE/OVER 10 YEARS/UNDER 10 YEARS/RECENT Quality: * BELOW AVERAGE/AVERAGE/GOOD/EXCELLENT		
Was China, Glassware and like PACKED by the Customer?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Was China, Glassware and like UNPACKED by the Customer?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Did you contract to carry out:- All PACKING YES <input type="checkbox"/> NO <input type="checkbox"/> All UNPACKING YES <input type="checkbox"/> NO <input type="checkbox"/>		
Was any of the work Sub-Contracted		YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please give details		
Nature of Receipt given on delivery		*CLEAR/CLAUSED By whom
Date on which loss/damage was reported		By whom By *letter/telephone/other

Nature of Claim (and further relevant information – please list items notified together with your comments)

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CONTRACTORS SUPPLEMENTARY CLAIM FORM continued**

SECTION 2 – CONTRACTORS REPORT Continued

Were all the Items being claimed for notified to you within seven (7) days of delivery? YES NO If they were not please state when

Have you questioned your staff about this claim? YES NO

If YES, please advise outcome

Do you agree the loss/damage occurred whilst the goods were in your care, custody or control YES NO

If NO, please comment either below or in a separate letter.

Please give any further information which you feel is material to this incident.

The following additional documents are attached:-

Please state Driver/Staff name(s) if considered necessary. Please attach Storage Inventory, where applicable.

SECTION 3 – DECLARATION

I declare that the information provided is true, accurate and completed to the best of my knowledge and belief.

I understand that if any party of this claim is in any respect fraudulent all benefit under this insurance will be forfeited.

SIGNED _____

Name

DATE _____