

# HOUSEHOLD CONTENTS REMOVAL &/or STORAGE INSURANCE

## CLAIM FORM

Removers name and address	Removers Claim Ref
	Policy no and certificate No

### SECTION 1 – PARTICULARS OF CLAIMANT

Full Name	
Address	
Post Code	
Telephone No	Mobile No

### Details of HOME or any OTHER INSURANCE covering your Furniture and Personal Effects

Name of Insurer (or Insurance Broker if relevant)	Address
Policy No	

### SECTION 2 – PARTICULARS OF HOUSE TO HOUSE REMOVAL

Removal date	Collection Address	
	Delivery Address	
Was loss/damage noted at time of delivery YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO when was loss discovered	By whom discovered
Date loss/damage was reported to Remover	By what means (telephone/Letter etc)	Replacement value of the whole property
If your claim is for missing goods please state why you believe the loss occurred whilst in the custody of the Remover	Date loss reported to police	
	Address of Police Station	

### SECTION 3 – PARTICULARS OF REMOVAL AND STORAGE

Collection date	Collection address	
Delivery date	Delivery address	
Address of Storage depository	Was an Inventory taken YES <input type="checkbox"/> NO <input type="checkbox"/>	
Was loss/damage noted at time of delivery YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO when was loss/damage discovered	By whom

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## CLAIM FORM

### SECTION 3 – PARTICULARS OF REMOVAL AND STORAGE ..... continued

Date that loss/damage was reported to Removers if not on delivery date	By what means (telephone/Letter etc)	Replacement value of the whole property
If your claim is for missing goods please state why you believe the loss occurred whilst in the custody of the Remover	Date loss reported to police	
	Address of Police Station	

### SECTION 4 – PARTICULARS OF LOSS

Item	Year of purchase	Nature of loss/damage	Original purchase Value	Value at time of loss less allowance for wear, tear etc	Amount claimed
<b>Total amount claimed</b>					<b>£</b>

### SECTION 5 – DECLARATION

I/We being the person(s) named in Section 1 declare that the information provided is true, accurate and completed to the best of my/our knowledge and belief.

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

I/We claim to be indemnified according to the terms and conditions of the insurance arranged.

SIGNED \_\_\_\_\_  
Name
Name

DATE \_\_\_\_\_