

REMOVAL & STORAGE CLAIM FORM

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For Completion by Claimant

Name of Removal Contractor

Name of Claimant

Telephone Number

Email Address

Contact Address

Removal Date (DD / MM / YYYY)

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Did you have any insurance in place covering your goods during the course of the removal?

For example under a household contents policy.

Yes

No

If yes, please give details including name and address of the insurers and the policy number:

Please complete the schedule of damaged/missing items as fully as possible.

Guidance Notes:

- You should make an allowance for wear, tear and depreciation when determining the value of any items.
- Before a total loss can be considered in respect of an item, the possibility of repair must be investigated. You may therefore be asked to provide an independent written estimate for the repair of furniture, electrical goods etc.
- If you are claiming for a missing item, please detail below when you last saw the item.

Please provide any additional information which you feel may assist in the processing of your claim

I/we declare the above particulars and statement to the best of our knowledge to be true.

Signature

Date

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