

HOME REMOVALS CLAIM FORM

CLAIM NUMBER:

NAME OF INSURED (In Full)

PRIVATE ADDRESS TEL. NO.

Please answer all questions in full. Any delay in returning this form may prejudice your claim under the policy.

1. (a) Policy Number and (b) Where issued?	(a)	(b)
2. (a) Name of Original Carrier (b) Names of Carriers who delivered your goods.	(a)	(b)
3. (a) Vessel or Conveyance and (b) date of arrival.	(a)	(b)
4. Full particulars of circumstances giving rise to the loss or damage (list individual items on the back hereof).		
5. (a) Date when loss or damage discovered. (b) If any delay, why?		
6. If claim is in respect of articles lost, please give names and addresses of Shipowners, Carriers, Police or other parties notified by you to enable possible recovery.		
7. (a) Have you claimed against Carrier or Third Party? (b) Result of claim against any third parties who may be responsible for the loss or damage. Please attach all correspondence to this form.		
8. Are you insured against Theft, Loss or Damage with any other Company or Underwriter?		
9. Estimate total sound value of all effects in the entire shipment before this loss or damage.		

