



REMOVAL & STORAGE CLAIM FORM

REMOVER'S NAME

CUSTOMER DETAILS

Full Name

Mr/Mrs/Miss/Ms/Other

Address

Email Address

Telephone No.

REMOVAL / STORAGE INFORMATION

Collection Date

Collection Address

Delivery Date

Delivery Address

If goods held in store confirm dates and location

Was the loss or damage noted at the time of delivery? [Please tick] YES NO

If NO, when was the loss/damage discovered?

Date that the loss was reported to Removers and by what means?

Replacement value (in like condition) of the WHOLE of your consignment entrusted to the Removers

PAYMENT DETAILS

Please note payment will be made in Sterling unless otherwise requested.

Reimbursement is requested by (please tick)

Cheque

To be sent to address

Payable to

OR by Bank Transfer

Account Holder Full Name

Account No.

Sort Code

Bank Name and Address

Routing number/Swift/BIC Codes (as applicable)

IBAN (European accounts)



RCS

STATEMENT OF CLAIM

Description of Article	Nature of Loss or Damage	Year of Purchase	Original Purchase Price	Value at Time of Loss?	Amount Claimed
				Total	

Items notified to the Remover more than 7 days after delivery will not be considered. Your claim must be based upon the value of each item at the time of Loss or Damage, allowance being made for age, wear and tear. Damaged or broken articles **must** be retained until your claim is resolved. In order to prevent possible delays with your claim, the following items should be forwarded with this claim form. (Please tick)

- Written professional estimates for repair
- Photographs (labelled) of all damaged items, close up and showing item as a whole
- Packing List, if available
- Delivery receipt, if available

DECLARATION

I / We, being the person(s) named overleaf, declare that the information provided in this claim form, together with the statement of claim, are true and properly completed to the best of my/our knowledge and belief.

I / We understand that if any part of this claim is in any respect fraudulent, all benefit shall be forfeited.

We may share your details with other party's to assist with the handling of your claim, if you are not in agreement with us passing your details on please inform us when submitting this claim form.

Print
 Sign Date

