

MOVING ABROAD INSURANCE
 Household Contents Removal – Claim Form

Removers Name:
Removers Address:

SECTION 1 – Particulars of Claimant

Full Name:	
Address:	
Tel:	Email:

SECTION 2 – Particulars of Removal

Insurance Certificate No.	
Date Property Collected:	Date Property Delivered:
Collection Address:	
Delivery Address (if different from shown in SECTION 1 above):	
Was loss/damage noted at time of delivery? YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO, when was loss discovered and by whom?
Date loss/damage was reported to Remover:	By what means (i.e. email, telephone, etc)

SECTION 3 – 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
Total Amount Claimed:					

SECTION 4 – Declaration

I/We being the person(s) named in Section 1 declare that the information provided is true, accurate and complete 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 under the Insurance will be forfeited.

I/We claim to be indemnified according to the Terms & Conditions of the Insurance arranged.

SIGNED DATE

On completion of this form please forward immediately, TOGETHER WITH ANY AVAILABLE ORIGINAL RECEIPTS, to:

Clark Woodward Hungate & Co.
The Chislehurst Business Centre
Sunnymead, 1 Bromley Lane
Chislehurst, Kent BR7 6LH, UK
Tel: 0044 (0)20 8467 6600 Fax: 0044 (0)20 8295 1365
Email: bonny.thomas@cwh.co.uk