

# Removal Claim Form

Section A: Claimant	
Name	
Address	
Postcode	
Telephone Number	
Email	

Section A: House to House Removals	
Removal Date	
Collection Address	Delivery Address
Was loss/damage noted at the time YES/NO	If NO when was it noted?
When was the damage reported to Clarks of Amersham	By whom was it discovered?

Section C: Removal Including Storage		
Collection Date	Collection Address	
Delivery Date	Delivery Address	
Address of Storage Facility	Was an inventory taken of your goods?	YES/NO
	Where goods checked on delivery?	YES/NO
Was loss/damage noted at time YES/NO	If NO when was it noted	
When was damage reported to COA?	By whom was it discovered?	

**Section D: Details of Claim**

	Description of item	Year of purchase	Nature of loss/ damage	Original purchase price	Value at time of loss/damage allowing for age, wear and tear	Amount claimed
1						
2						
3						
4						
5						
6						
7						
Repairers or trade estimates must be submitted and damaged/broken articles retained for inspection					Total amount claimed	£
If you are reporting missing items please state why you feel the loss occurred whilst in the custody of Clarks of Amersham						
Date loss reported to Police Station						
Address of Police Station						
Unique reference number						
Please give details of any other insurance (e.g. household insurance) covering your effects						
Name of insurer				Address of insurer		
Policy number						

**Section E: Declaration**

I/We being the person/s named in Section A declare that the information provided in Sections A – C together with the Statement of Claim in Section D are true and properly completed to the best of my/our knowledge and belief.

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

Date	Signed
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**CLARKS  
OF AMERSHAM**  
Removals & Storage