

# Goods in Transit and storage insurance

# Claim Form

Wrideways The Worldwide Movers

Confirmation of Insurance No. \_\_\_\_\_

Date Prepared \_\_\_\_\_

Full Name:
Address:
Phone Residence:
Phone Business:
Fax:                      Email:

Date your goods were shipped?
Date goods were delivered to your residence?
Where and when did you discover your loss/damage ? Date:
To whom did you first notify your loss/damage ? Date:

Room / Category on Insurance Application Form	Age & description of item	Details of loss/damage	Purchase Price	Estimated Replacement Cost	Insured Value	Amount of Claim

If insufficient space, please attach separate page(s)

**Total amount claimed**  
(Please state the currency)

**In order to prevent possible delays with your claim the following items should be forwarded with this claim form:**



- Written professional quotations for repair or replacement. (refer claim instructions )
- Photographs of damaged (and if available missing) items.

REIMBURSEMENT is requested in \_\_\_\_\_ (currency)

by:  Cheque to the address given above.  
or  
 Bank transfer to:

Bank Address

Bank Account No.

Branch / Sort Code

Name of Account Holder

I certify that the claim presented is correct and truthful and that no material information has been omitted. I am only claiming for items lost/damaged during the move covered by the policy of insurance.

Signed: .....Date: .....