



REMOVALS  
STORAGE  
LOGISTICS



MOBILE  
SELF  
STORAGE

FSP License No.: 47894

**HOUSEHOLD MOVE CLAIM FORM**

\* Claim form and required documentation should be forwarded to H&M Removals as soon as possible. Please ensure that all fields are completed on the claim form.

**ATTENTION: Claims Department**

Name of Insured:		
Contact Number:	H:	W:
Business Address:		
Private Address moved from:		
Private Address moved to:		
Name of Removal Company:		
Were goods professionally packed:		
Date goods were uplifted from old residence:		
Date goods were removed from storage:		
Date goods delivered at new residence:		
Date loss and/or damage was discovered:		

**Required documentation:**

- \* All Shipping Documents
- \* Written repair quotation for all damaged items
- \* Written replacement quotation for items lost and/or damaged beyond repair. Repairer must state why items cannot be repaired
- \* Transporters packing inventory duly endorsed to the extent of loss and/or damage
- \* Valued inventory duly completed prior to move
- \* Your complete banking details

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

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Reg No CK 1992/08375/23

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**STATEMENT OF PROPERTY LOSS, STOLEN OR DAMAGED**

<b>Number of Items</b>	<b>Description of Property</b>	<b>Date Acquired</b>	<b>Value Declared</b>	<b>Nature of Loss</b>	<b>Amount Claimed</b>
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		

<b>TOTAL</b>			R		
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