

# Household removal claim form



Form MN009 11/09

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand, Tel 308 1100, Fax 09 308 1114

## Insured details

The company does not admit liability by the issue of this form.

<b>Claimant:</b>		
<b>Address:</b>		
<b>Telephone no: (h)</b>	<b>(w)</b>	<b>(mob)</b>
<b>Email address:</b>		
<b>Policy/certificate number:</b>		<b>Insurance broker (if applicable):</b>
<b>Mode of transport:</b>		<b>Date transit commenced:</b> /     /

## Other details

Removal company: \_\_\_\_\_

Full particulars of the circumstances causing the loss or damage (list details of loss on the reverse):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date goods delivered to you:     /     /

When was loss or damage discovered? \_\_\_\_\_

Did you sign for any of the goods as damaged or missing? \_\_\_\_\_

If the claim is in respect of missing items, please provide the names of all parties notified by you in an attempt to locate the goods. This would include where applicable, the removal company, ship owners, road carriers and the like:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Result of claim against any third parties who may have been responsible for the loss (attach all correspondence):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated total sound value of all goods in the entire shipment before loss or damage: \_\_\_\_\_

## Schedule of Loss please provide quotes/estimates if available

Full description of article	Nature of loss or damage	Approximate purchase date	Value NZ\$	Deduction for wear & tear NZ\$	Net amount claimed NZ\$

