

Mobile devices (iOS only)

Save the PDF file to the file directory of the device.

Open the file in Quick view from the file directory it was saved to.

Fill in all the details and send the edited file.

Please, try another device/desktop if the description above does not work for you.

Desktop devices

In your browser fill in all your details and save the file to your machine. Alternatively, click the print icon and save the file as PDF through the print dialog box.

Send the saved file.



SELF STORAGE CLAIM FORM

PLEASE PRINT CLEARLY USING BLOCK CAPITALS
ALL SECTIONS MUST BE COMPLETED

This form must be completed by the customer and returned to the Self Storage Company together with **written professional estimates (where applicable) and photographs of all damaged items.**

Customer Name:	When were the goods delivered or removed from store, whichever was earlier?
Customer Address:	When and to whom did you first report the loss/damage?
Email:	When was the damage/loss first discovered?
Home Telephone:	What was the cause of loss/damage?
Business Telephone:	Were your goods insured under any other policy or insurance contract?

HOW TO FILE A CLAIM

1. The terms and conditions of your insurance require you to have notified the Contractor of any loss/damage no later than at the time of removal of goods from storage. A description of each item and details of damage must be given. Notification to the Contractor may be verbally or in writing (preferably in writing).
2. The claim form and estimates (if applicable) should be forwarded to the Contractor as quickly as possible.
3. The amount you claim should represent the replacement cost or the repair cost if repair is possible.
4. The policy will not respond to claims for parts of pairs or sets (eg. dinner services) that are not lost or damaged.
5. In some cases, a Loss Adjuster will be appointed to inspect the goods and to handle the claim on behalf of Insurers. All correspondence etc should be directed to the Loss Adjuster - details of their name, address and telephone number will be provided by Insurers.

DO NOT REPAIR, REPLACE OR DISPOSE OF THE ITEMS UNTIL AUTHORISED
BY EITHER THE CONTRACTOR, INSURERS OR THE LOSS ADJUSTER

[illegible]

(PLEASE CONTINUE ON NEXT SHEET IF NECESSARY)

TOTAL CLAIM

Please ensure that the following is enclosed with this form to avoid delays:

7

Repair estimates

9

Replacement Estimates

1

Photographs

I certify that the claim presented is correct and truthful and that no material information has been omitted and I understand that if the claim be fraudulent in any respect all benefit under this insurance will be forfeited.

SIGN: DATE:

[illegible]



THIS SECTION MUST BE COMPLETED BY THE CONTRACTOR
(After the Section overleaf is completed by the Customer)

- | | | |
|----|--|-----------------|
| 1. | Do you agree the loss / damage occurred whilst the goods were stored in your facility?
(If no please comment below (Question 7)). | YES / NO |
| 2. | Was the loss reported to you at the time of removal from store or earlier? | YES / NO |
| 3. | Did the customer give you instructions to insure?
If so, for what total declared value? | YES / NO
NOK |
| 4. | Was the customer supplied with a Confirmation of Insurance? | YES / NO |
| 5. | Was the customer supplied with a copy of your Contract terms and conditions? | YES / NO |
| 6. | Have all the rental charges been paid? | YES / NO |
| 7. | Comments | |

Store code or address

Signature :

Date :

PLEASE ATTACH A COPY OF SIGNED CONTRACT