

# Household & Personal Effects Claim Form



**Conroy Removals do not admit liability by the issue of this form.**

Claimant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

1 Policy Number \_\_\_\_\_

2 Removal Plan Number \_\_\_\_\_

3 Address of premises/description of place where loss or damage occurred

\_\_\_\_\_  
\_\_\_\_\_

4 Full particulars of circumstances giving rise to the loss or damage: *List details of items on the reverse side*

\_\_\_\_\_  
\_\_\_\_\_

5 Date of arrival            /        /            Date when loss or damage discovered            /        /

6 Are you insured against theft, loss or damage with any other insurance company? **yes / no** (Please circle)

*If yes, Company* \_\_\_\_\_

7 Estimated total sound value of all effects in the entire shipment before loss or damage \$ \_\_\_\_\_

## Privacy Act

Pursuant to the Privacy Act 1993 the following is brought to your attention

- This claim form collects personal information about you;
- The information is collect to evaluate your claim;
- The intended recipient of the information is Conroy Removals Limited;
- The information is collected and held by Conroy Removals Limited, 13 Lipton Place, Napier;
- The collection of this information is required pursuant to your insurance policy;
- The failure to provide this information may result in your claim being declined;
- You have rights of access to and correction of this information, subject o the provisions of the Privacy Act 1993

## Declaration

I/We declare that the above statements are true and correct and I/we have not withheld any material information which will directly or indirectly affect this claim.

Signature of Claimant \_\_\_\_\_ Date            /        /

Print Name \_\_\_\_\_

