

**HOUSEHOLD GOODS AND PERSONAL EFFECTS CLAIM FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Residence Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contracted Remover Name: \_\_\_\_\_

Date delivered to your residence: \_\_\_\_\_

Date when you discovered the Loss/Damage: \_\_\_\_\_

Explanation on how Loss/Damage Occurred: \_\_\_\_\_

\_\_\_\_\_

Was your shipment insured under any other policy or Insurance contract? Yes / No

Was the damaged or lost items your own property? Yes / No

What is the full repair replacement value (Please attach quote) \_\_\_\_\_

When and to whom did you first notify the loss of your property insured? \_\_\_\_\_

Number on Application Form	Description of Article	Please tick the relevant column								Number on Packing List	Inventory Value	Amount of Claim
		Missing	Broken	Torn	Stained	Marked	Chipped	Dented	Scratched			

**TOTAL CLAIM** \_\_\_\_\_



**TTM Risk (Pty) Ltd**  
Company Reg. Number: 2005/021322/07  
VAT Registration Number: 4450224862  
An Authorised Financial Services Provider  
FSCA Licence Number: 24875



**The following items must be included with this claim form:**

- Original Confirmation of Insurance
- Packing List (if available)
- Photographs of damaged items
- Copy of the form you signed when you took possession of your goods showing the exceptions you took. (Delivery receipt / Waybill)
- Written estimates for repair or replacement

Evidence of loss or damage must be substantiated in accordance with the terms and conditions of the policy. Failure to comply with this may prejudice your claim.

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

Date: \_\_\_\_\_