

# SHELL PERSONAL EFFECTS IN TRANSIT INSURANCE CLAIM FORM – CHARTIS POLICY 63108114



Please <u>fully</u> complete this form in Word and send it (with all necessary attachments) by e-mail to:

### shell@pclclaims.co.uk

(if this is not possible, then please contact PCL Claims Limited via 2 +44 1474 327942 or +44 1474 364182)

Please note that all claims (incl. all necessary supporting documentation) must be received to PCL Claims Limited within 3 months after the personal effects were delivered to the destination address, or before the personal effects are moved to another location, whichever is earlier.

Section 1 – Details of Person Claiming
Full Name: Title: Mr/Mrs/Miss/Ms:
New Address:
Contact ☎:Mobile ☎:
(Please do not forget to include the country dialing codes for your telephone numbers.)
Personal E-Mail Address:
Shell E-Mail Address:
Date of birth:
Section 2 – Claim Details
Country personal effects moved from: Moved to:
Which contractor arranged your removal at origin:
Which contractor arranged your removal at destination:
Did you pack your goods yourself for transit?
Was a valued inventory completed and sent to PCL prior to your move?
(If not, please state why
)
Have items been stored (Y/N): Storage period: Storage location:
Date on which belongings were moved to your new home (day-month-year):
Description of when, where and how the loss or damage occurred (only if known):

Had any of your packages been examined by Customs? YES $\square$ NO $\square$ DO NOT KNOW $\square$							
If YES, did Customs note the loss or damage at the time of examination: YES $_\square$ NO $_\square$							
What was the condition of your packages on delivery?							
Wet Damaged □	Crushed/Dented □	Boxes missing; loss $\Box$ / theft $\Box$					
Had any of your packages bee	en opened prior to arrival? YES □ NO □	If YES, how many					

## **Section 3 – Description of Lost or Damaged Items**

	Description (incl. type/make/model)	VI Reference; i.e. A1	(Please leave blank)	Date of Purchase	Repair/Replace	Amount Claimed
		i.e. AI	for admin use		Please only state replace if item is irreparable; you will be asked for evidence to prove this.	Based on repair/replace estimates enclosed. Please state one currency only please.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
					Total Claimed:	
					Currency	

#### Remember to attach:

- Digital/scanned photographs of damaged items
- Original purchase receipts for the lost or damaged items (where available)
- Estimates for the repair of damaged items
- Estimates for the replacement of lost or irreparably damaged items
- Independent valuations of high value items (i.e.: jewellery/antiques/coin/stamp collections)
- Police details / crime reference number in case of missing/stolen items
- A copy of the bill of lading
- A copy of the packing list taken from the removal company

Many thanks for completing this form, please now send it to 'shell@pclclaims.co.uk'

## **Additional Sheet, if required:**

Description (incl. type/make/model)	VI Reference; i.e. A1	(Please leave blank) for admin use	Date of Purchase	Repair/Replace Please only state replace if item is irreparable; you will be asked for evidence to prove this.	Amount Claimed Based on repair/replace estimates enclosed. Please state 1 currency only please.
				Total Claimed: Currency:	