**SHURProtect**

**Compensation Request**

This document should be completed by the customer and sent back to our Third Party Administrator. Please be complete and write clearly to smoothen the handling of your request.
The following documentation should be joined to the Request form :

* Copy of the self-storage contract
* Latest invoice from Shurgard
* Original police report (necessary in case of theft, vandalism or other criminal cause)
* Justifying invoices, quotes for repair or replacement costs
* Photographs of damaged goods (clearly demonstrating the damage and/or the inside of your unit when you evidenced damage/loss)

Please send to :

E-mail : SHURProtect.request@shurgard.eu Postal mail : ONYX Building
 T.a.o. Marsh on behalf of Shurgard SHURProtect
 Uitbreidingstraat 72
 B-2600 Antwerpen – Belgium
Tel : 0032 3 393 0502 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SURNAME CUSTOMER ……………………………………………………………………………………………………….
FIRST NAME CUSTOMER ……………………………………………………………………………………………………….
ADDRESS - Street .……………………………………………………………………………………………………….
Zip-code ………………………. City ……………………………………………………………………
Telephone nr ………………………………………………………………………..……………………………..
Mobile phone ……………………………………………………………………………………………………….
Telephone nr (work) ……………………………………………...............................……………………………
E-mail address ………………………………………………………………………….……………………………

CUSTOMER NUMBER (self-storage contract) ………………………………………………………………………..
Name/Location Shurgard storage site ……………………………………………………….…………………………..
Unit number (where loss occurred) ……………………………………………………….…………………………..

* When did you notice the loss / damage ? Date : ……………………………………………………………..
* Did you inform the store manager ? Yes No
If yes, name store manager ……………………………………………. Date notification …………………
* What is the cause of the loss / damage (please describe all information you have in respect of cause, explaining the loss or damage or if unknown, circumstances under which you noticed the loss / damage)

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* Are your goods insured under a Third Party Insurance ? Yes No
If yes, Insurance company ……………………………………. Policy number …………………………….
* Have the goods been removed from the self-storage unit ? Yes No

If yes, date of removal ……………………………………………………………………………………………………..
New location ……………………………………………………………………………………………………………………

Contact person new location …………………………………………… phone number …………………….
(relevant for possible loss investigation)

* Estimated value of intact (non-damaged or non-stolen) items remaining in your unit ?
…………………………………………………………………………………………………………………………………………

FULL DESCRIPTION OF LOST OR DAMAGED ITEMS
………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

DETAILS OF THE DAMAGE (AS SPECIFIC AS POSSIBLE OR “TOTAL LOSS”)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

AGE OF THE DAMAGED ITEMS (when were these purchased)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

REPAIR COST OR REPLACEMENT VALUE

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

AMOUNT OF COMPENSATION YOU ARE SEARCHING FOR
(never to exceed SHURProtect Maximum)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

BANK DETAILS (all of the below is necessary for Shurgard to be able to compensate you)
Name of your bank ………………………………………………………………………………………………………………

Address of your bank …………………………………………………………………………………………………………..

Your bank account nr …………………………………………………………………………………………………………..

BIC nr (international identifier) …………………………………………………………………………………………..

IBAN nr ………………………………………………………………………………………………………………………………..

Signature Date ………………………….

Signature to be preceded by the hand-written declaration “the above-mentioned Compensation request is correct, complete and truthful”