

# Insurance Claim Statement

## Policyholder Information

Full Name

Policy Number

Address

Contact Number

Email Address

## Claim Details

Type of Claim

Date of Incident

Location of Incident

Description of Incident

Estimated Loss Amount

## Supporting Information

Additional Details / Witnesses

List of Attached Documents

## **Declaration**

I hereby declare that the above details are true and correct to the best of my knowledge and belief.

Signature

Date