

Statement of Claim

Policy Information

Policy Number:

Enter Policy Number

Name of Insured:

Enter Name

Contact Information:

Phone Number or Email

Details of Loss / Claim

Date of Loss:

Place of Loss:

Enter Location

Description of Incident:

Provide detailed description of the incident and loss

Claimed Items / Damages

Items or Property Damaged / Lost (Description):

List and describe each item or property

Claimed Amount:

Enter Amount

Declaration

I hereby declare that all statements made in this claim are true and complete to the best of my knowledge and belief.

Date:

Signature:

Enter Signature

Name:

Enter Full Name