

## **Insurance Loss Statement of Claim**

## Policy Holder Information

Name of Policy Holder

Policy Number

## Address

Contact Number

Email

## Claim Details

Date of Loss

### Type/Nature of Loss

### Address/Location of Loss

### Description of Incident

## Details of Items Lost or Damaged

Item Description	Quantity	Estimated Value	Remarks

## Bank Details (for reimbursement)

Bank Name

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Account Number

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Account Name

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## Declaration

I hereby declare that the above statements are true and correct to the best of my knowledge and belief. I agree to provide further information or documentation if required by the insurance company.

Signature of Policy Holder

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Date:

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For Office Use Only

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Date:

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