

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
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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Bank Details (for reimbursement)

Bank Name

Account Number

Account Name

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

Date:

For Office Use Only

Date:
