

Insurance Policyholder Statement of Claim

Policyholder Information

Full Name

Enter your full name

Policy Number

Enter policy number

Address

Enter your address

Contact Number

Enter your contact number

Claim Details

Date of Incident

(Leave blank if not applicable)

Location of Incident

Enter location

Description of Incident

Describe what happened

Claimed Items / Losses

Item/Property	Description	Estimated Value

Supporting Documents

List of Attached Documents

E.g. Bills, Receipts, Police Reports

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge.

Date

Signature

Enter your name or draw signature