

Schedule of Losses Attachment

Claimant Details

Name	[Insert Name]
Claim Number	[Insert Claim Number]
Date of Loss	[Insert Date]
Contact Information	[Insert Address, Phone, Email]

Schedule of Losses

#	Description of Item	Date Acquired	Original Value	Estimated Current Value	Remarks
1	[Item Description 1]	[Date]	[Currency & Amount]	[Currency & Amount]	[Remark/Status]
2	[Item Description 2]	[Date]	[Currency & Amount]	[Currency & Amount]	[Remark/Status]
Total Estimated Current Value				[Currency & Total]	

Claimant's Signature

Date: _____

Authorized Representative

Date: _____

Important Notes

- Ensure all listed items are accurately described and supported with relevant documentation.
- Provide purchase receipts, photos, or other proof of ownership where possible.
- Estimated values should fairly represent the item's current replacement or market value.
- Review and sign before submission to confirm all information is correct and complete.
- This schedule forms part of your insurance claim and is subject to verification.