

# Burglary Incident Loss Statement

## Incident & Claimant Details

Date of Incident:	<input type="text" value="yyyy-mm-dd"/>
Time of Incident:	<input type="text" value="e.g., 02:40 AM"/>
Location of Incident:	<input type="text" value="Full Address"/>
Claimant Name:	<input type="text" value="Full Name"/>
Contact Number:	<input type="text" value="Phone Number"/>
Email Address:	<input type="text" value="Email"/>

## Brief Description of Incident

Describe what happened, including how the burglary was discovered.

## Details of Property/Item(s) Lost or Damaged

#	Description of Item	Serial Number/ID	Estimated Value	Recovered (Yes/No)
1.				
2.				
3.				

## Police Report Details

Report Number:	<input type="text" value="Police Report No."/>
Date Reported:	<input type="text" value="yyyy-mm-dd"/>
Police Station:	<input type="text" value="Name/Location"/>
Investigating Officer:	<input type="text" value="Officer Name"/>

## Declaration by Claimant

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

Signature: \_\_\_\_\_

Date:

yyyy-mm-dd

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## Important Notes:

- Ensure all information is accurate and complete to avoid processing delays.
- Attach copies of relevant documents (police report, receipts, proof of ownership, etc.).
- Submission of false or misleading statements may result in claim denial or legal actions.
- Retain a copy of this statement and related documents for your records.
- Contact your insurer for specific requirements or additional guidance.