

Standardized Application Form for Loss Reporting

1. Reporting Party Details

Full Name

Contact Number

Email Address

Address

2. Incident Information

Date of Incident

Time of Incident

Location of Incident

Description of Incident

3. Details of Loss

Type of Loss -- Select --

Estimated Value

Describe the Loss

4. Additional Information

Witnesses (if any)

Attachments (list documents/photos submitted)

5. Declaration

I hereby declare that the information provided above is true and accurate to the best of my

knowledge.

Signature

Date

Important Notes

- Ensure all relevant fields are completed accurately before submission.
- Include supporting documents (photos, receipts, identification, etc.) as required.
- False or misleading information may result in rejection of the loss report.
- This form may be used by insurance companies, law enforcement, or relevant authorities for processing your claim/report.
- Keep a copy of the completed form and supporting documents for your records.