

Declaration of Missing Goods

Date: _____

Policy Number: _____

Claim Number (if applicable): _____

Insured Party Details

Name: _____

Address: _____

Contact Number: _____

Goods Information

Description of Goods: _____

Quantity: _____

Value: _____

Invoice/Bill of Lading Number: _____

Details of Loss

Date of Loss/Discovery: _____

Location of Loss: _____

Circumstances/Description:

Reported to (Police/Authority): _____

Report Reference Number: _____

Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge, and that the goods described herein are missing. I undertake to notify the insurer immediately if any of the items are recovered or located and agree to assist the insurer in the investigation of this claim.

Signature of Insured
(with Name & Date)

Company Stamp (if applicable)

Important Notes

- This declaration must be completed accurately and signed by the insured party.
- Attach all supporting documents (invoices, police reports, etc.) for faster claim processing.
- False or misleading information may lead to claim denial and possible legal actions.
- Immediate notification to authorities and the insurer is essential after the loss is discovered.
- Keep copies of all submitted documents for your records.