

# 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.