

# Business Interruption Loss Insurance Claim Form

## 1. Policyholder Details

Name of Policyholder

Policy Number

Business Address

Contact Person

Phone Number

Email Address

## 2. Incident Details

Date of Loss/Incident

Date Discovered

Description of Incident

Location of Incident (if different from business address)

## 3. Loss Details

Nature and Duration of Business Interruption

Estimated Amount of Loss (if known)

#### Supporting Documentation Provided

E.g., financial statements, invoices, payroll data

## 4. Insurance and Recovery Details

Are there any other insurance policies that may cover this loss?

What steps have been taken to minimize the loss?

## 5. Declaration

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

Name of Authorized Signatory

Signature

Date

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## Important Notes

- Ensure all sections are completed accurately to avoid delays in claim processing.
- Attach all relevant supporting documents (financial reports, invoices, payroll records, etc.).
- Claims should be submitted as soon as reasonably practicable after the loss is discovered.
- False or incomplete information may invalidate your claim.
- Keep copies of this form and all correspondence with your insurer for your records.