

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

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.