

# Standard Insurance Loss Claim Form

## 1. Policyholder Information

Name

Policy Number

Address

Contact Number

Email

## 2. Incident Details

Date of Loss

Location of Loss/Incident

Brief Description of Loss/Incident

## 3. Details of Lost/Damaged Property

Property Description

Estimated Value

Date of Purchase

Supporting Documents (list or describe):

#### 4. Declaration

I hereby declare that the above information is true and complete to the best of my knowledge, and I understand that any false information may result in denial of my claim.

Signature

Date

#### Important Notes

- Ensure all fields are completed with accurate information to avoid delays in claim processing.
- Supporting documents (receipts, photos, police reports, etc.) enhance claim verification.
- False declarations may result in denied claims and potential legal consequences.
- Contact your insurance representative for assistance or questions about this form.