

Statement of Loss & Refund Request

Applicant Information

Full Name: [Applicant Name]
Contact Number: [Contact Number]
Email Address: [Email Address]
Address: [Full Address]

Details of Loss

Description of Lost Item(s): [Describe item(s) lost]
Date of Loss: [Date]
Place of Loss: [Location]
Circumstances: [Brief explanation of how the loss occurred]

Refund Request Details

Amount Requested: [Amount]
Supporting Documents: [List of attached documents, if any]
Payment Reference (if any): [Reference]

Declaration

I, [Applicant Name], hereby declare that the above information is accurate and true to the best of my knowledge. I request a refund for the stated loss as per the applicable policy/rules.

Signature: _____
Date: [Date]

Important Notes

- Ensure all sections are accurately filled and supporting documents are attached.
- Incomplete forms may delay processing or result in rejection.
- This statement may be subject to verification; providing false information can lead to legal consequences.
- Retain a copy of this document for your records.