

# Comprehensive Insurance Loss Statement

## Policyholder Details

Policyholder Name	John Doe
Policy Number	ABC123456789
Contact Number	+1 234 567 8900
Email Address	john.doe@email.com
Address	123 Main Street, City, State, ZIP

## Insurance Policy Details

Insurer Name	XYZ Insurance Corp.
Type of Insurance	Comprehensive Vehicle Insurance
Period of Insurance	01-Jan-2024 to 31-Dec-2024
Sum Insured	\$25,000

## Loss Information

Date of Loss	15-Mar-2024
Time of Loss	14:30 hrs
Location of Loss	5th Avenue & 33rd Street, City
Cause of Loss	Road Accident (Collision with another vehicle)
Description of Incident	Vehicle was struck by another car at the intersection. Front bumper and left fender damaged. No injuries reported.
Police Report Filed	Yes (Report No. 2024-567890)

## Claim Details

Estimated Loss Amount	\$3,200
Deductible	\$500
Claimed Amount	\$2,700
Claim Status	Under Review

## Supporting Documents

- Copy of Insurance Policy
- Police Report
- Repair Estimate from Authorized Service Center
- Photographs of Damaged Vehicle

- Claim Form

**Important Notes:**

- This document serves as a formal record of your loss event for insurance processing.
- Ensure all details are accurate and supporting documents are attached for faster processing.
- Incomplete or false information may result in delays or claim rejection.
- Contact your insurance advisor for assistance if required.
- Retain a copy of this statement for your personal records.