

# Loss Incident Description Form

Policy Number

Name of Insured

Contact Details

Date of Loss

Time of Loss

Location of Loss

Type of Loss

Incident Description

Were Authorities Notified?

Authorities Notified / Report Number

Witnesses (Names & Contact Details)

Estimated Loss Amount

Additional Information

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## **Important Notes:**

- Ensure all information provided is accurate and as detailed as possible.
- Supporting documents such as photos, receipts, or police reports may be required.
- Submitting this form does not guarantee claim approval; further investigation may follow.
- Keep a copy of this completed form and all related correspondence for your records.
- Contact your insurance representative if you need assistance or clarification.