

Structured Loss Report

Policyholder Name

Policy Number

Contact Information

Date of Loss

Location of Loss

Loss Description

Type of Loss

Detailed Description

Cause of Loss

Extent of Damage/Loss

Authorities Notified

Police/Fire Report Number (if applicable)

Other Agencies Contacted

Supporting Documents

List of Attached Documents

Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Signature

Date

Important Notes:

- Please provide as much detail as possible to expedite the claims process.
- All supporting documents (photos, reports, receipts) should be attached with the report.
- Incomplete or incorrect information may delay the processing of your claim.
- Contact your insurance representative for assistance if needed.