

Insurance Claim-Linked Loss Declaration

1. Policy Holder Details

Full Name: _____
Policy Number: _____
Contact Number: _____
Address: _____

2. Loss Event Information

Date of Loss: _____
Location of Loss: _____
Description of Loss:

Cause of Loss:

3. Claimed Items or Damages

Item/Property	Description	Estimated Value	Remarks

4. Declaration

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in rejection of my claim and/or legal consequences.

Signature

Date

Important Notes:

- This declaration must be completed and signed by the insured/policy holder.
- Ensure all information is accurate and corresponds with supporting documents.
- Submission of supporting evidence (photos, invoices, reports) is recommended.
- False declarations can result in claim denial and further legal actions.
- Consult your insurance provider for any clarification required.

