

Commercial Property Damage Loss Certificate

Certificate No.: _____

Date of Issue: ____ / ____ / ____

Insured Party Name: _____

Commercial Property Address: _____

Policy Number: _____

Date & Time of Loss: ____ / ____ / ____ ____ : ____

Type of Damage: _____

Estimated Loss Amount: _____

Description of Incident: _____

Assessment Details

Inspection Conducted By: _____

Date of Inspection: ____ / ____ / ____

Remarks: _____

Declaration:

I/We hereby certify that the above-mentioned commercial property has suffered damage/loss as described. This certificate is issued based on the inspection and details furnished above.

Authorized Signatory
(Insurance Representative)

Signature: _____
Name: _____
Date: ____ / ____ / ____

Insured Party
(Property Owner / Representative)

Signature: _____
Name: _____
Date: ____ / ____ / ____

Important Notes:

- This certificate should be supported by appropriate incident reports and photographs wherever applicable.
- The estimated loss amount stated is subject to verification and final assessment by the insurance provider.
- False declarations or misrepresentation may lead to rejection of claims and legal consequences.
- This document is not a substitute for a formal claim submission.
- Retain copies of this certificate for your records and for presentation to relevant authorities if required.