

# Standardized Loss Notification Form

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## 1. Insured/Claimant Details

Name of Insured:

Policy Number:

Address:

Contact Number:

Email:

## 2. Loss Details

Date of Loss:

Location of Loss:

Type of Loss (e.g. Theft, Fire, Accidental Damage, etc.):

Description of Loss (Please provide detailed description):

Estimated Loss Amount:

## 3. Police/Authority Notification

Was the incident reported to the police or relevant authority?

If yes, Report Reference Number:

Name of Station/Authority:

## 4. Additional Information

Are there any witnesses? If yes, provide details:

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Any other relevant information:

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Signature of Insured/Claimant

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Date

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### Important Notes:

- Please ensure all sections are completed accurately and truthfully.
- Attach all supporting documents (e.g., police report, receipts, photos) where applicable.
- False or misleading information may result in claim rejection and/or legal action.
- This form should be submitted as soon as possible after the loss is discovered.
- Keep a copy of this form and all correspondence for your records.