

Fire and Theft Loss Adjustment Form

Please fill out all required sections for claim processing.

Policyholder Details

Name of Policyholder

Policy Number

Address

Contact Information

Incident Details

Date of Incident

Time of Incident

 HH:MM AM/PM

Location of Incident

Brief Description of Incident

Details of Property Lost or Damaged

Item Description	Quantity	Value per Item	Date Purchased	Total
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Other Relevant Information

Police Report Details

Report Number

Police Station

Date Reported

Signature of Policyholder

Date

Important Notes

- Submit supporting documents such as invoices or photographs where possible.
- False declarations may result in denial of claims and possible prosecution.
- Notify your insurance company and local authorities promptly after the incident.
- Keep a copy of this form and all supporting documents for your records.
- This form is for initial assessment; further investigation may be conducted if necessary.