

Item Loss Claim Application Form

1. Claimant Information

Full Name

Contact Number

Email Address

Address

ID/Document No.

2. Loss Details

Date of Loss

Place of Loss

Circumstances of Loss

3. Item Information

Item Type

Description (Brand/Model/Unique Features)

Serial/Identification Number

Estimated Value

4. Police or Authority Report

Reported to Police / Authorities?

Select



Report Reference Number

5. Declaration

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

Date

Important Notes

- Please provide accurate and complete information to avoid delays in processing your claim.
- Attach copies of all supporting documents (receipts, photos, reports) when submitting this form.
- False claims may result in legal consequences and the rejection of your application.
- Notify your insurer or the relevant authority immediately upon discovery of the loss.
- This form does not guarantee compensation; all claims are subject to verification.