

Loss/Damage Verification Certificate

Certificate No.: _____
Date of Issue: _____

Applicant Details

Name: _____
Address: _____
Contact No.: _____

Details of Loss/Damage

Type of Loss/Damage: _____
Description: _____

Date & Time of Incident: _____
Location: _____

Verification

Investigating Officer: _____
Designation: _____
Remarks: _____

Signature: _____ Date: _____

Official Seal: _____

Important Notes

- This certificate is issued based on the facts and evidence submitted and verified.
- It is to be used solely for the purpose for which it is issued.
- Any tampering or unauthorized alteration will render the certificate invalid.
- Further verification may be requested by the concerned authorities if necessary.