

# Malicious Mischief Loss Notification Form

## 1. Policyholder Details

Name of Insured

Policy Number

Address

Contact Number

Email

## 2. Details of Incident

Date of Loss

Time of Loss

Location of Loss

Description of Incident

## 3. Property Details

Type of Property Damaged

Description of Damaged Property

Estimated Value of Loss

Ownership of Property

## 4. Police Report

Police Station Address

Report Number

Date Reported

Name of Reporting Officer (if known)

## 5. Declaration

I hereby declare that the foregoing statements are true to the best of my knowledge and belief.

Name

Date

Signature