

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