

# Theft Incident Loss Notification Document

## Policyholder Information

Name

Policy Number

Contact Number

Email Address

Address

## Incident Details

Date of Theft

Time of Theft

Location of Theft

Description of Incident

Police Report Number

Date Reported to Police

Police Station

## Stolen Property Details

| Item Description     | Quantity             | Estimated Value (Currency) | Purchase Date        |
|----------------------|----------------------|----------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="text"/> |

## Additional Information

Witnesses (if any)

Remarks / Other Information

## Declaration

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

Signature

Date