

Natural Disaster Loss Statement

Policyholder Information

Full Name

Policy Number

Property Address

Contact Number

Disaster Event Details

Date of Incident

Type of Natural Disaster

e.g. Flood, Earthquake, Fire

Description of Damage

Estimated Loss

Property Damage (Estimated Value)

Personal Property Loss (Estimated Value)

Other Losses (Details)

Additional Notes

Policyholder's Signature

Date