

# Smoke Damage Homeowners Insurance Loss Statement

Policyholder Name

Property Address

Policy Number

Claim Number

Date of Loss

Contact Number

## Description of Smoke Damage

## Loss & Damage Details

Item Description	Location	Estimated Value	Amount Claimed	Notes
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Total Amount Claimed

## Statement & Signature

I hereby certify that the information provided is accurate and complete to the best of my knowledge.

Signature

Date