

Theft Claim Proof of Loss Form - Residence

Insured & Property Information

Insured Name

Property Address

Policy Number

Date of Loss

Claim Number

Incident Details

Description of Incident

Police Report Number

Date Reported to Police

Stolen/Damaged Items

Item Description	Date Purchased	Original Cost	Estimated Current Value	Proof of Ownership
<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"/>

Item Description	Date Purchased	Original Cost	Estimated Current Value	Proof of Ownership
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

Additional Information (optional)

Declaration

I declare that the above statements are true and correct to the best of my knowledge, and that I have not withheld or misstated any material facts relevant to this claim.

Signature of Insured

(Type or Sign Name)

Date