

Proof of Loss Statement

Policyholder Information

Policyholder Name:

Policy Number:

Address:

Phone Number:

Email Address:

Loss Details

Date of Loss:

Location of Loss:

Description of Loss:

Cause of Water Damage:

Reported to Insurance On:

Reported to Authorities (if applicable):

Items Damaged or Lost

Description	Quantity	Age	Estimated Value

Additional Remarks

Total Amount of Loss Claimed:

Declaration

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that any willful misrepresentation may result in denial of this claim.

Signature

Date: _____

Adjuster (if applicable)

Date: _____