

Insured Theft Loss Declaration

Insured Information

Name of Insured

Policy Number

Address

Contact Number

Claim Details

Date of Loss

Time of Loss

Location of Theft

Description of Stolen Items

Estimated Value of Loss

Brief Description of Theft Incident

Police Report

Police Station Notified

Report Number

Date Reported

Declaration

I hereby declare that the above statements are true and correct to the best of my knowledge and belief, and that no information has been withheld or misstated. I understand that any false or misleading information may invalidate my claim.

Signature of Insured

Date