

Insured Theft Loss Declaration

Insured Information

Name of Insured	<input type="text"/>
Policy Number	<input type="text"/>
Address	<input type="text"/>
Contact Number	<input type="text"/>

Claim Details

Date of Loss	<input type="text"/>
Time of Loss	<input type="text"/>
Location of Theft	<input type="text"/>
<input type="text"/>	
Description of Stolen Items	<input type="text"/>
Estimated Value of Loss	<input type="text"/>
<input type="text"/>	
Brief Description of Theft Incident	<input type="text"/>

Police Report

Police Station Notified	<input type="text"/>
Report Number	<input type="text"/>
Date Reported	<input type="text"/>

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