

# Loss History Report

## Insured & Policy Information

**Insured Name**

---

**Policy Number**

---

**Insurer**

---

**Policy Period**

## Loss Summary

| Year | Number of Claims | Total Incurred Amount | Paid Amount | Outstanding Amount |
|------|------------------|-----------------------|-------------|--------------------|
|      |                  |                       |             |                    |
|      |                  |                       |             |                    |

## Individual Loss Details

| Date of Loss | Type of Loss | Description | Claim Number | Status | Incurred Amount | Paid Amount | Outstanding |
|--------------|--------------|-------------|--------------|--------|-----------------|-------------|-------------|
|              |              |             |              |        |                 |             |             |
|              |              |             |              |        |                 |             |             |

## Remarks

---

**Prepared By**

---

**Date**