

Business Downtime Loss Notification Statement

COMPANY INFORMATION

Company Name

Contact Person

Position/Title

Address

Phone

Email

INCIDENT DETAILS

Date(s) of Downtime

Description of Incident

LOSS ASSESSMENT

Item/Category	Estimated Loss (\$)	Remarks
Total		

SUPPORTING EVIDENCE

Attach documents or describe evidence

DECLARATION

I confirm that the information provided above is accurate to the best of my knowledge.
Signature and details below:

Authorized Signature

Date