

Claimant's Proof of Business Interruption Loss Document

1. Claimant Details

Business/Claimant Name

Business Address

Contact Person

Contact Number

Policy Number

2. Period of Interruption

Start Date

End Date

3. Nature of Interruption

Description

4. Financial Details

Gross Earnings Before Interruption

Gross Earnings During Interruption

Summary Table

Month	Projected Revenue	Actual Revenue	Loss Amount
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5. Supporting Documentation

List documents attached (e.g. financial statements, sales records, payroll, etc.):

6. Declaration

I declare that the information provided in this document is true and complete to the best of my knowledge.

Signature

Sign here

Date