

# General Liability Insurance Claim Statement of Loss

---

## Policyholder Information

Insured Name

---

Policy Number

---

Address

---

Phone

---

## Claimant Information

Claimant Name

---

Contact Number

---

Claimant Address

---

## Incident Details

Date of Loss

---

Time of Loss

---

Location of Incident

---

Describe How the Loss Occurred

---

---

Witnesses (Name & Contact)

---

## Statement of Damage/Loss

Description of Item/Property	Estimated Value	Amount Claimed

---

Total Amount Claimed

---

## Additional Remarks

---

**Signature of Insured**

---

**Date**

---