

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
