

CLAIM DECLARATION OF PROPERTY INSURANCE

Policy No. **Insurer:**.....

Insured:.....

Territory Location:

Date of Damage: **Estimate of damage:**.....

Kind of Loss:

Fire Theft Weather Damage Water Damage

Glass Brakeage Other

Statement:.....

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Contact details for survey report (Address, Tel. –Contact Person):

.....

.....
Date

.....
(Forename-Surname-Signature)