



## Household Insurance Claim Notice

Policy No.		Date of Occurrence	
Insurance Period		Place of Occurrence	
Sum of Insured		Item Damaged	
Cause of Loss			
Loss Items & Sue and Labor			
Estimated Loss			
<p>I/We declare that the statements made are true to the best of my/our knowledge and belief and I/we claim the amount above in respect of the items mentioned.</p> <p>Insured(Seal)</p> <p>Date : <span style="margin-left: 150px;">Contact person:</span> <span style="margin-left: 150px;">Tel.:</span></p>			