

Statement of Facts Form Sample for Insurance Claim

The **statement of facts form sample** for insurance claims is a crucial document used to provide accurate and detailed information about an incident. This form helps insurers verify the authenticity of a claim and expedite the processing time. Ensuring all facts are clearly presented can significantly improve the chances of a successful claim settlement.

Instructions: Please complete all sections of this form honestly and in detail. Attach supporting documents where necessary.

1. Policyholder Information

Full Name	<input type="text"/>
Policy Number	<input type="text"/>
Contact Number	<input type="text"/>
Email Address	<input type="text"/>

2. Incident Details

Date of Incident	<input type="text"/>
Time of Incident	<input type="text"/>
Location of Incident	<input type="text"/>
Type of Incident	-- Select -- <input type="button" value="▼"/>
Describe What Happened	<input type="text"/>
Persons Involved (if any)	<input type="text"/>
Witnesses (if any)	<input type="text"/>

3. Police Report

Was the incident reported to the police?	<input type="radio"/> Yes <input type="radio"/> No
Police Report Number	<input type="text"/>
Police Station Name	<input type="text"/>

4. Supporting Documents

List of Attached Documents**5. Declaration**

I hereby declare that the information provided above is true and complete to the best of my knowledge. I understand that any false statement may invalidate my claim.

Signature**Date****Submit Statement of Facts**