

Theft Claim Form
To be completed after filing a police report

Policyholder Information

Full Name:

Address:

Contact Phone:

Email Address:

Policy Number:

Incident Details

Date of Theft:

Location of Theft:

Description of Incident:

Police Report Information

Police Report Number:

Police Station Filed:

Name of Officer (if known):

Date Report Filed:

Stolen Items List

Item Description	Brand/Model	Serial Number	Estimated Value

Add rows as needed or attach a separate list if necessary.

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge, and I have attached a copy of the police report as required.

Signature:

Date:

Submit Claim

Attach a copy of the police report and supporting documents, such as receipts or photos of the stolen items, if available.