

Sworn Statement Form Sample for Insurance Claim

Use this **sworn statement form sample** to accurately document facts for your insurance claim. This template ensures clear, concise, and legally sound declarations to support your case. Properly completed statements can expedite the claim approval process efficiently.

Full Name:**Address:****Contact Number:****Policy Number:****Claim Number (if applicable):****Description of Incident:**

Describe in detail the incident or loss, including dates, times, and any persons involved.

Supporting Evidence:

List attached documents, photos, reports, or witnesses supporting your claim.

Declaration:

I, the undersigned, do solemnly swear and affirm that the information provided above is true and accurate to the best of my knowledge and belief. I understand that submitting false information may result in denial of my insurance claim and could have legal consequences.

Signature:

Type or sign your name

Date: