

# Sworn Declaration Form Sample for Insurance Claim

Use this **sworn declaration form sample** to accurately document your insurance claim details. It ensures all statements are legally affirmed, helping to expedite the claim process. Proper completion of this form is essential for validating your insurance request.

**Policyholder Information**

**Full Name:**

**Policy Number:**

**Contact Number:**

**Address:**

**Claim Details**

**Date of Incident:**

**Description of Incident:**

**Amount Claimed (if applicable):**

**Declaration**

*I, the undersigned, hereby solemnly declare that the information provided above is true and correct to the best of my knowledge and belief. I understand that providing any false or misleading information may result in the denial of my claim and legal consequences.*

**Signature:**

**Date:**