**INSURANCE CLAIM NOTICE**

Date :

To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are hereby notified that I have incurred a loss which I believe is covered by my insurance policy detailed below. Details of the loss are as follows:

1. Type of loss or claim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date and time incurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Estimated loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward a claim form to me as soon a possible.

Yours sincerely

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_