

FORMAL CLAIM

To: _____

Date: _____

This is to serve formal notice of damage/loss of property _____ the particulars of which are as follows:

1. Date and hour of damage/loss.	
2. Location of property damaged or lost.	
3. How and by whom were premises occupied at date of damage/loss?	
4. What was the cause of damage/loss and under what circumstances did it occur?	
5. Is Claimant the sole owner of the property damaged/lost? (If not, state full details of any other interest.)	
6. Did you remove or save any belongings immediately before or during occurrence? If so, how much is the estimated cost of such and where are they located now?	
7. Do you have similar property at any other location? If so, where is it located and how much is the insurance coverage, if any?	
8. Has there been previous loss in this premises or in any other premises in which you are interested as the Insured? If so, state full details including the cause of such loss.	
9. Value of the Insured Property at the time of loss per attached inventory and/or estimate.	

10. Statement of other Insurance coverage in force upon the property destroyed or lost.

Name of Company

Policy No.

Amount

I/We _____ of _____ do hereby declare that the above statements are true and accurate, and I/We further declare that my/our property, worth P _____ according to the extent and value annexed and insured was accidentally damaged and/lost, as stated above without any design or procurement on my/our part. Wherefore, I/We claim from my/our insurer/s the sum of _____ (P_____).

I/We further declare that the attached documents and/or records are being submitted as proof of my/our claim on my/our loss. I/We further agree that any action to be done by my/our insurers or their representatives in connection with the above-described loss or other matters relative thereto shall not waive, invalidate, forfeit or

modify any of their rights under the terms and conditions of the insurance policy and that this agreement on my part is to assist, and for the convenience of my/our insurer's representative to be allowed investigation on the claim and ascertain that appropriate values of damage/loss to the property involved be made without any delay and without prejudice to any of their rights.

Insured

(ID) No. _____
Date of Issue _____
Expiry Date _____
Place of Issue _____

ACKNOWLEDGMENT

REPUBLIC OF THE PHILIPPINES)
City of _____) S.S.

BEFORE ME, A Notary Public for and in the City of _____, this _____ day of _____, 20____ personally appeared Mr./Ms. _____, and who has satisfactorily proven to me his/her identity through his/her I.D. No. _____ valid until _____ that he/she is the same person who executed and voluntarily signed the foregoing Formal Claim, which he/she acknowledged before me as his/her free and voluntary act and deed.

The foregoing Formal Claim consisting of _____() pages including the page on which this acknowledgment is written, has been signed on the left margin of each and every page by the insured.

WITNESS MY HAND AND NOTARIAL SEAL on the date and place above written.

NOTARY PUBLIC

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.