

# Schedule Of Loss



PROVIDED WITHOUT PREJUDICE

**Name:** \_\_\_\_\_

**Claim No.** \_\_\_\_\_

**Date of Loss:** \_\_\_\_\_

Note: This form is to be used by the party submitting an insurance claim. Please complete all columns "IN INK"

No.	Quantity	Item Description	Brand Make	Purchased Where	Date of Purchase (Year)	Original Price	Office Use Only			
							Depreciation	Actual Cash Value	Replacement Cost	Difference
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

**Any person who, fraudulently or willfully makes a false, misleading, or exaggerated statement, or who conceals information for the purpose of presenting a claim is acting in violation of the Statutory Conditions or their policy. This would lead to the denial of the entire claim.**

\_\_\_\_\_ Date

**Please attach any cancelled check, original bills, receipts, pictures etc. To substantiate the missing and or damaged property.**

\_\_\_\_\_ Signature of Insured

\_\_\_\_\_ Signature of Insured