

# Schedule Of Loss

Name \_\_\_\_\_

Policy No. \_\_\_\_\_

Claim number \_\_\_\_\_

Date of Loss \_\_\_\_\_

Ref	Room	Description	Brand	Model	Supplier	Qty	Years	Months	Original Cost
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

Any person who, fraudulently or wilfully 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 of their insurance policy. This would lead to the denial of the entire claim.

Date \_\_\_\_\_

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