

Business Interruption Property Damage Claim Form

Policyholder Information

Business Name

Policy Number

Contact Person

Phone Number

Email Address

Business Address

Incident Details

Date of Incident

Time of Incident

Location of Incident

Description of Incident

Authorities Notified (If any)

Property Damage

Description of Property Damaged

Estimated Cost of Repair/Replacement

Has Repair/Replacement Started?

Business Interruption

Period of Interruption - From

Period of Interruption - To

Details of Business Interruption

Estimated Financial Loss

Supporting Documents

List Documents Attached

Declaration

Declaration / Comments

Signed By

Date