Marine Theft Loss Report

Insured Details

Owner (if not insured)

Name of Insured
Policy Number
Address
Phone Number
Email
Theft Details
Date & Time of Theft
Location of Incident
Description of Incident
Authority/Police Contacted
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Police Report Number
Stolen Property Details
Type of Property (e.g. Vessel/Machinery/Equipment)
Description/Identification
Estimated Value

Additional Information
Witnesses (Name and Contact)
Other Remarks
Declaration
I declare that all information provided above is true and correct. Signature
Date