

Business Interruption Insurance Claim Form

Policy & Insured Details

Policy Number

Insured Name

Contact Person

Contact Number

Email

Business Address

Incident Details

Date of Incident

Time of Incident

Location of Incident

Description of Incident

Cause of Interruption

Period of Interruption (From)

Period of Interruption (To)

Loss Details

Estimated Financial Loss

Description of Loss Sustained

Additional Comments

Supporting Documentation

Upload Relevant Documents

Choose File

No file selected

Declaration

Name of Person Completing Form

Date