



Contents Insurance

Loss schedule

Your details

Full name of policy holder: _____

Claim number: _____

Address where damage happened: _____

List items that were damaged or lost

Please take photos of each item to support your claim.

Item	Description (including make and model)	Age of item	Purchased from	Replacement price
1				
2				
3				
4				
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22				

(continued)

List items that were damaged or lost (continued)

Item	Description (including make and model)	Age of item	Purchased from	Replacement price
23				
24				
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