

Contents loss schedule

Damaged or lost items form



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 |
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(continued)

List items that were damaged or lost (continued)

| Item | Description (including make and model) | Age of item | Purchased from | Replacement price |
|-------------|---|--------------------|-----------------------|--------------------------|
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