PhilFirst NON-LIFE
A Member of PFI Group

PROPERTY INSURANCE CLAIMS FORM

Policy Holders Information & Details	
Name:	
Address:	
Contact No.:	
Email Address:	
Policy No.	
Premium Amount	₱ ☐ Paid Date:

Claim Details:
Date of Loss: _____
Location of Loss: _____
Type of Loss (Fire, Flood, Earthquake, Theft, etc.): _____

Damaged Property Information:

Item Description	Quantity	Estimated Value	Repair/Replacement Cost

Brief Description of Incident:
_____
_____
_____
_____
_____

Supporting Documents (Please check if already submitted):

- ☐ Fire or incident report
- ☐ Photographs of damaged property
- ☐ Repair estimate or contractor's quotation
- ☐ Inventory of damaged items
- ☐ Purchase receipts, invoices, or proof of value
- ☐ Barangay or police report (if applicable)

Declaration:

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in denial of my claim.

Signature of Policyholder: _____
Date: _____