

# Statutory Declaration

I, [Your Full Name], of [Your Address], do hereby solemnly and sincerely declare as follows:

1. I am making this declaration in support of my insurance claim for [describe the claim, e.g., theft, property damage, etc.] under policy number [Policy Number].

2. The incident occurred on [Date of Incident] at [Location].

3. The details of the incident are as follows:

- [Detail 1]
- [Detail 2]
- [Detail 3]

4. I have provided the relevant documents to support this claim, including:

- [Document 1]
- [Document 2]
- [Document 3]

5. I understand that providing false information may result in the denial of my claim and potential legal action.

6. This declaration is made in good faith and is true to the best of my knowledge and belief.

Date: [Date]

Declared at: [Location]

Signature: \_\_\_\_\_

Print Name: [Your Full Name]

Witnessed by:

Name: [Witness Name]

Signature: \_\_\_\_\_

Address: [Witness Address]