Claim Letter	Issuing date	Policy	No. Pre claim / claim
	of of 201		

Policy Holderôs Name (as it appears in the policy)		
Insured Address		
Agent Name	**Agent**	**Office**
LOQ Agente de Seguros y de Fianzas SA		

CLAIM INFORMATION

Claim date	Claim Time	Estimated Loss
de de 201		

Claim Location

Especifique el evento que causó el daño no aplica para autos

☐ FIRE / LIGHTENING	☐ EARTHQUAKE	☐ ROBBERY/BURGLARY
☐ INUNDATION	☐ HURRICANE	☐ HAIL
☐ EXPLOSION	☐ THIRD PARTY LIABILITY	☐ OTHER ( )

Events Declarations

Please describe clearly the causes of the accident or event.

SIGNATURE OF INSURED AND / OR LEGAL REPRESENTATIVE