

FIRE INSURANCE CLAIM

(The issuance of this form does not imply admission of liability.)

CLAIM NO: _____

POLICY NO: _____

Details of Insured:	
1. Name	
2. Address	
Telephone No./Mobile No.	
3. Occupation	
Details of the Loss:	
1. Date and time of Loss 2. Name & Address of the person Who first noticed the loss	
3. Property affected : (Please identify the property is-à-vis schedule)	
4. Estimated amount of loss	
5. Brief details of the loss and the probable cause.	
6. Has the loss been intimated to the Police. (Give details, if yes) Loss Intimated to Fire brigade (If yes, please attach report)	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Reason for not intimating to Police / Fire Brigade	
8. Probable cause of loss	
9. Do you suspect anybody of a deliberate act	

Details of any other Insurance Policies:

Do you have any other Policy apart from the this policy, covering the same property. Yes No

If yes, Provide the details of :Policy No..... Policy period.....
Insurance company name & address.....
.....
.....

Details of previous losses, if any..... :

Any other information you would like to furnish

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect. I/We agree that if we have made already or if I/We make in any of my/our further statements in respect of the said incident any false or fraudulent declarations or suppress or conceal any material fact, the Policy shall be void and all rights of compensation in respect of the present or future accident shall be forfeited

Place:

Date :

Signature of Insured