



FIRE CLAIM FORM

Name of the Insured:

Address:

Telephone No. Fax No.

Email address:

Name of the Bank/ Financial Institution(In case the property insured is subject to any interest of Financial Institution)

Policy number:

Period of Insurance:

Date of Loss: Time of Origin of fire

Point of origin of Fire:

Location of the risk affected :

Give details relating to the Loss (attach statement of Insured/Management/ Security guard giving an account of the loss)

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Name and address of the person who saw the fire first (please attach statement of the witness)

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Details of Third party if any, responsible for the loss/cause of damage:

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Details of Fire Brigade
who attended to the scene of
fire (Please attach Fire Brigade
Report)

Whether reported to Police:

Name of Police Station:

Details of action taken by the Police:

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(Attach Preliminary and Final Police Reports)

Details of Claim(Attach Documents/ Invoices in support of claim)

Description of Loss		Amount claimed
TOTAL CLAIM		

Place:

Name of the Signatory

Date:

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Signature of the Insured with official stamp