

## **CLAIM FORM** **FIRE INSURANCE**

(In case space is not sufficient in any column, please give details on a separate sheet)

The issue of this form does not imply admission of liability on the part of the Company.  
Kindly answer all questions completely inorder to help us to serve you better

1. Name Of Insured	
2. Address:	
3. Contact Details:  a. Mobile No.  b. Landline  c. Email ID:	
4. Policy No	
5. State:  a. Address of premises where damage occurred  b. State as fully as possible how the loss occurred  c. Who noticed the damage & when  d. Date and Time of damage  e. Were the premises unoccupied; if so for how long?  f. In case of impact name and address of Third Party	

g. Whether the loss has been intimated to the Police / Fire Brigade? If yes, please attach their Report Copies	
6. A. Are you the sole owner of the property? B. If not give name of other interested parties	
7. Are there any other insurances in force in respect of the property mentioned on this form? If so, please give details.	
8. Particulars of any previous claims for fire / explosion / riot / storm / impact	

I/We hereby declare that the above details are in all respects true.

**Date**  
**Place**

**Signature**

**Fire Statement of Claims - Schedule**

**Statement of Claim**

Full Description Of Property	Cost Price & Date Obtained	Value At Time Of Loss	Value Of Salvage	Value Claimed	Remarks