

Fire Loss Claims Form

Please fill form in 'capital letters'

Date / /

Certificate No.

Policy No.

Name of claimant

Name of insured Agency

The attention of claimants is directed to the instructions regarding claims overleaf. It is important that the insured reads carefully the conditions of the policy before making a claim.

▼ Loss Details

1. When did the fire take place?

At the hour of in the

Of the day of

2. What is the situation of the property damaged or destroyed?

3. For what purpose were the premises occupied at the date of fire?

4. (a) What was the cause of the fire?

(b) Under what circumstances did it occur?
(this should be stated as explicitly as possible)

5. Does the policy give a correct description of the property in all respects as it existed immediately before the fire?

6. Has any element of risk been introduced which was not allowed by the policy?

7. Have the conditions of the policy been complied with in every respect? Yes No

8. (a) Is the claimant the sole owner of the property damaged or destroyed?

(b) Has any other person an interest in the property? Yes No If yes;

(c) What is the name of such a person?

(d) What is the nature of his interest?

9. Were there at the time of the fire any existing insurance's whether effected by the claimant or by any other person on the said property with any other company or society? Yes No

If so, what are the particulars?

10. (a) Have you previously made a claim against any other Company? Yes No If yes;

(b) When? / /

(c) Against whom?

(d) For what amount?

