



FIRE INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

As soon as Loss or Damage has become known the Company must be notified without delay. If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later.

Policy Number:

A. INSURED

1.	Name	:	
2.	Address	:	
	City	:	Pin Code:
3.	Telephone Number	:	
4.	Period of Insurance	:	From To
5.	If Insured is not the sole owner, the nature of his/their interests in the property and the details of other Interests.	:	

B. DETAILS OF THE LOSS

1.	Date & Time of Loss	:	
2.	Who noticed the loss and when?	:	
3.	Detail the Circumstances leading to the Loss and its cause.	:	
4.	Whether Loss has been intimated to:	:	
	a) Police	:	
	b) Fire Brigade	:	
	If yes, also attach copies of their report	:	

C. DETAILS OF OTHER INSURANCES

	Give details of other Insurance's, if any, covering affected property	:	
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D. DETAILS OF PREVIOUS LOSSES

	Give details of Previous Claims, if any, on the affected property.	:	
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I / We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement.

Date :

Place:

Signature of the Insured