

## FIRE CLAIM FORM

*The issue and acceptance of this form is not an admission of liability on the part of the company*

Policy Number			
Name of Insured			
Address of Insured			
Contact Number:		Email:	
Address of premises/place where loss occurred			
Describe fully how the loss / damage occurred  (Details of property damaged to be given on page 2)			
Date of occurrence:		Time of occurrence:	
How were premises occupied at date of Fire?			
Are you the sole owner of the damaged property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there any hire purchase contracts in force?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there other interested parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES please give details below
Have you at these premises or elsewhere, previously suffered loss or claim against any insurer in respect of the perils insured by this policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES please give details below
Are there any other insurance in force on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES pls. give full particulars
<b>Insurance Company</b>	<b>Policy Number</b>	<b>Period of Insurance</b>	<b>Amount Insured</b>

I/We declare that the above is a full and accurate statement.

Name of Insured: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_

Date: \_\_\_\_\_

**DETAILS OF CLAIM FOR PROPERTY DESTROYED OR DAMAGED**

Damage to Buildings: A detailed estimate by a Builder or other competent person should be submitted in support of the amount claimed, making due allowance for age, depreciation, etc

Damage to Contents: A detailed statement of the various articles claimed for should be mentioned here or attached to the form. The claim must be based on the actual value of the property at the time of the Fire, i.e. without any inclusion of profit and after allowance has been made for depreciation, wear and tear, etc.

Description of the Property			Value at time of Fire	Deduction for Value of Salvage	Amount Claimed (i.e. actual loss after deduction of Salvage Value)
				<b>Total</b>	<b>\$</b>