

**FIRE CLAIM FORM**

Policy No.

Claims No. : \_\_\_\_\_  
(For Official Use)

**Name of Insured**


**Business Address**


**Home address**


Tel No.(O)

Mobile

e-mail \_\_\_\_\_

1. What was the nature of the occurrence and when did it take place?	At _____ p.m. on _____ a.m.
2. At what address did it take place?	
3. For what purposes were the Premises being used at date of occurrence ?	
4. Describe briefly what happened and the resultant damage, and state what you believe caused it to happen	
5. Were the Premises and their occupation at the time of the occurrence exactly as described in the Policy ?  Had any element of risk been introduced which was not allowed by the Policy ?	<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <span><input type="checkbox"/> Yes</span> <span><input type="checkbox"/> No</span> </div> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Yes</span> <span><input type="checkbox"/> No</span> </div>
6. Is the Claimant the Sole Owner of the property damaged or destroyed ?  If not, state full particulars of any other Interest	<div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <span><input type="checkbox"/> Yes</span> <span><input type="checkbox"/> No</span> </div>

7. Who has witnessed the loss? Please enclose his statement.							
8. What measures were taken to minimize the loss ?							
9. If damage is due to the 'Act of God', then please enclose the report from the meteorological department / newspaper cuttings. Describe the incident.							
10. Has the Public Fire Brigade /Police were informed? If yes, Please enclose the certificate from the Fire Brigade/ F.I.R from Police.	<input type="checkbox"/> Yes <input type="checkbox"/> No						
11. Give dates of any previous claims of a similar nature you have made.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		
13. Were there at the time of the occurrence any other existing Insurance policies on the said Property, with any other Company or Insurer, whether effected by the claimant or by any other Person ?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide full particulars						

**Details of Claim for property destroyed or damaged as required by the conditions of the company's policies.**

Policy No. & Item of Policy	Description of property claimed for in detail	Amt. Insured	Market Value at time of loss	Market Value after the loss	Amt. Claimed

I/We do hereby solemnly and sincerely declare that the details appended hereto, are a full, true and correct statement of the loss, sustained by me/us on the property insured by the above policy in consequence of the aforesaid loss amounting to the sum of Rs. \_\_\_\_\_ and that the amounts claimed in respect of each and all of the several articles or items of property damaged or destroyed, constitute their value at the time of loss or damage not including profit of any kind.

I/We do hereby solemnly and sincerely declare that I/We have not either directly or indirectly, proximately or remotely caused the said loss, or by connivance, fraud or misrepresentation sought to benefit thereby, and I/We make the foregoing solemn declarations conscientiously believing the same to be true, this \_\_\_\_\_ day of \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Signature of the Insured