



FIRE CLAIM FORM

**This form is intended for FIRE type claims.
 The Insurer reserves the right to request completion of their prescribed claim form if deemed necessary.**

(TO BE COMPLETED AND SIGNED BY CLAIMANT)
 The issue of this form is not an acknowledgement of any liability by the Insurance Company

DETAILS OF THE INSURED ("YOU") & INSURER REFERENCE

INSURED _____			
POSTAL ADDRESS _____	TELEPHONE _____	OFFICE: _____	FAX: _____
_____	_____	HOME: _____	_____
_____	_____	CELL: _____	_____
OCCUPATION _____	E-MAIL _____	_____	
INSURER _____	POLICY NO _____	_____	

PARTICULARS OF CLAIM

WHEN DID THE FIRE TAKE PLACE?	DATE <input style="width: 100%;" type="text"/>	TIME <input style="width: 100%;" type="text"/>	
HOW WERE THE PREMISES OCCUPIED AT THE DATE OF THE FIRE?	<input style="width: 100%;" type="text"/>		
SITUATION OF PROPERTY DAMAGED OR DESTROYED?	<input style="width: 100%;" type="text"/>		
WHAT WAS THE CAUSE OF THE FIRE AND UNDER WHAT CIRCUMSTANCES DID IT OCCUR?	<input style="width: 100%;" type="text"/>		
FULL VALUE OF THE INSURED PROPERTY AT THE TIME OF THE FIRE	<input style="width: 100%;" type="text"/>		
DOES THE POLICY GIVE A CORRECT DESCRIPTION OF THE PROPERTY IN ALL RESPECTS AS IT EXISTED IMMEDIATELY BEFORE THE FIRE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IS THE YOU, THE CLAIMANT THE SOLE OWNER OF THE PROPERTY DAMAGED OR DESTROYED? IF NOT, STATE FULL PARTICULARS OF ANY OTHER INTEREST	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
HAS THERE BEEN A PREVIOUS FIRE IN THESE PREMISES, OR ANY OTHER PREMISES IN WHICH YOU, THE INSURED WAS INTERESTED? IF YES, STATE FULL PARTICULARS INCLUDING THE CAUSE OF SUCH FIRE OR FIRES.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WERE THERE AT THE TIME OF THE FIRE ANY EXISTING INSURANCES, WHETHER EFFECTED BY YOU, THE CLAIMANT OR BY ANY OTHER PERSON ON THE SAID PROPERTY WITH ANY OTHER COMPANY OR SOCIETY? IF YES, STATE FULL PARTICULARS.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

DECLARATION

I/WE _____
 NOW RESIDING AT _____

WARRANT AND DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE TRUE IN EVERY RESPECT AND THAT I/WE HAVE NOT WITHHELD ANY INFORMATION WHATSOEVER IN CONNECTION WITH THE CLAIM. I/WE AGREE THAT, IF ANY OF THE ABOVE ANSWERS OR PART THEREOF, ARE UNTRUE, MY/OUR CLAIM OR COMPENSATION SHALL BE FORFEITED AND THE CONTRACT OF INSURANCE SHALL BE NULL AND VOID. I/WE FURTHER DECLARE THAT THE ARTICLES ON PAGE 2 BEING MY/OUR PROPERTY AND INSURED UNDER THE ABOVE MENTIONED POLICY OF POLICIES WERE ACCIDENTALLY DESTROYED WITHOUT ANY DESIGN OR PROCUREMENT ON MY/OUR PART, BY THE AFORESAID FIRE, ACCORDING TO THE EXENT AND VALUE ANNEXED WHEREFORE I/WE CLAIM FORM OUR INSURERSTO THE SUM OF

N\$ _____ THE AMOUNT THEREOF.

SIGNATURE: Insured / Broker / Sub-agent _____	DATE _____	TIME _____
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