

**FIRE CLAIM FORM**

Policy No.....

Agent.....

Sum Insured.....

Agent's Address.....

Name of Insured.....

.....

<p>1. When did the damage take place?</p>	<p>Date..... Time.....</p>
<p>2. Address of the premises where the damage occurred</p>	
<p>3. (a) For what purpose (e.g. Private dwelling, Shop, Factory, etc) were the premises occupied at the date of the damage?</p> <p>(b) If any alteration in risk had taken place since policy was issued or last endorsed please give details</p>	
<p>4. What was the cause of the damage, and how did it occur?</p>	
<p>5. (a) Does the property in respect of which the claim is made belong solely to you?</p> <p>(b) If not, please give full name of any other party interested therein</p>	
<p>6. (a) Are there any other insurances on the property, whether effected by you or any other party?</p> <p>(b) If so, please give name of Company, Policy No. And amount insured, if known</p>	
<p>7. (a) Have you previously suffered loss from a similar cause in these or other premises?</p> <p>(b) If so, please give details</p>	

I/We do hereby declare that the above is a full, true and accurate statement, and I/we further declare that the property mentioned on the reverse hereof, which belongs to me/us and which is insured under the above-named Policy or Policies, was destroyed or damaged as aforesaid according to the extent and values stated; wherefore I/we claim the sum of the amount thereof.

Signature of Insured.....

Address.....

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Date.....

