

FIRE & EXTRANEIOUS PERILS CLAIM FORM

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

(Please use block capitals and do not leave blanks or answer a question with a dash)

POLICY NO. _____ CLAIM NO. _____

INSURED _____

ADDRESS _____

E-MAIL ADDRESS _____ TELEPHONE NO. _____

AN ANSWER IS REQUIRED TO EACH OF THE FOLLOWING QUESTIONS

<p>(a) What was the nature of the occurrence (e.g. 'Fire')</p>	<p>At _____ a.m. p.m. on _____ mm/dd/yy</p>
<p>(b) At what address did it take place?</p>	
<p>(c) For what purposes were the Premises being used at date of occurrence?</p>	
<p>(d) Were the premises occupied at the time of loss? If not, on what date and at what hour were they last occupied?</p>	
<p>(e) Describe briefly what happened and the resultant damage, and state what you believe caused it to happen.</p>	
<p>(f) Has the loss been reported to the Police/Fire Authorities? If 'YES', on what date and at which station?</p>	
<p>(g) Were the Premises and their occupation at the time of the occurrence exactly as described in the Policy? Has any element of risk been introduced which was not allowed by the Policy?</p>	
<p>(h) Is the Claimant the Sole Owner of the Property damaged or destroyed? If not, state full particulars of any other interest.</p>	
<p>(i) Were there at the time of the occurrence any other existing insurance on the said Property, with any other Company or Insurer, whether effected by the Claimant or by any other person? If so, state full particulars. If not, please write "NO".</p>	

(j) Give dates of any previous claims of a similar nature you have made in connection with these or any other premises, and state the amount of the loss.

If none, please write "None"

THE DETAILS REQUIRED OVERLEAF MUST BE GIVEN

INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM

If the Claim be in respect of BUILDINGS, the Claim must be accompanied by two Builders' Estimates, obtained at Insured's own expense, of the Cost of putting the Building into the same state as it was in immediately before the occurrence – no contemplated improvements may be included in such estimate.

If the Claim be for CONTENTS, a full list of the Articles destroyed or damaged must be given.

If the Claim be for STOCK-IN-TRADE, cost prices are alone recognized in estimating sound values.

Item No.	Description of items	Date of Purchase (mm/dd/yy)	Amount Claimed

PLEASE APPEND ADDITIONAL SHEET, IF NECESSARY.

I/We the undersigned do hereby declare that to the best of my/our knowledge and belief the foregoing particulars are true and correct.

Signature of Insured/Claimant _____
If Company Please Affix Company Stamp

Date _____
mm/dd/yy