



FIRE & PROPERTY ALL RISKS INSURANCE CLAIM FORM

Insured:

- a) Name: _____
- b) Address and Contact Number: _____

- c) Policy No: _____
- d) Claim No: _____
- e) Policy Period: From _____ to _____

Particulars of Accident/Incident:

- a) Date & Time of accident/incident: _____
- b) Location of Property: _____
- c) Nature & cause of Loss (brief description about incident, mention the in charge of the store/property): _____

- d) Is there any damage to Third Party property or Personal injury? _____

- e) Does the property damaged by the third Party? : _____

Documentation required (Please enclose the below documents):

- a) Fire Brigade Report/Police report: _____
- b) Notification with the Signature and Seal of the Insured: _____
- c) Estimation cost Document: 1) Purchase value Bill
2) Repair/Replacement Bill
3) Any other items. (CCTV, witness)



d) What is the estimated Claim Cost: _____

e) How long it will take the repaired? Please indicate the estimated period _____

Precaution Measures:

a) Precaution and firefighting measures are properly installed and checked on monthly basis:

b) Fire drilling activities conducted: a) Monthly b) Quarterly c) Yearly

c) Who is the first person to witness the incident and what are the measures taken to reduce the fire

Date: _____ Name: _____

Place: _____ Signature: _____

NB: Issue of this form not to be construed as an admission of liability on the part of the Company.