

FIRE INSURANCE CLAIMS FORM

Policy Number

Date of Premium Payment

Name of Insured

Address (Private)

Tel. No

Address (Business)

Tel. No

Trade or Occupation (if more than one, state all)

Situation of the premises destroyed by fire/flood/tornado

Date of the occurrence of fire/flood/tornado

Time am/pm

Explain fully how the fire/flood/tornado occurred

Have you ever sustained a loss or claimed against any insurer for any insurer for any of the risk made?

If so, give particulars

Are you the sole owner of the property destroyed?

If not, state the name(s) of any other interested parties and the nature of their interest

In respect of damage to buildings or landlord's fixtures (including internal decorations) are responsible for the repair of such Damage under the terms of tenancy agreements?

