

**FIRE CLAIM FORM (Including SPECIAL PERILS)**

**This form should be completed by the Insured and returned to the Company as soon as possible and in no case later than 15 days from the date of the occurrence**

Policy No.:.....

Claim No.:.....

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1) Full Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Trade or Occupation \_\_\_\_\_  
Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_ Home No. \_\_\_\_\_  
Location of premises insured \_\_\_\_\_  
\_\_\_\_\_

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SQ. FT. of property insured \_\_\_\_\_

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2) Date when the loss or damage occurred? \_\_\_\_\_ Time: \_\_\_\_\_  
Date when the loss or damage was discovered? \_\_\_\_\_ Time: \_\_\_\_\_  
By whom was the discovery made? \_\_\_\_\_

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3) Where the premises unoccupied at the time of loss or damage? \_\_\_\_\_  
If so, give the date when they were last occupied? \_\_\_\_\_

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4) Are you the sole owner of the property lost or damaged? \_\_\_\_\_  
If not, state the names of any other interested parties and the nature of their interest (Landlord, Mortgager, Lessee etc.)  
\_\_\_\_\_

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5) What is the total value of the property insured by the policy or by the item or items under which the claim is made?  
\_\_\_\_\_

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6) Have you previously suffered loss or damage by fire or by any other peril insured under the above policy? \_\_\_\_\_  
If so, give details and the name of the Insurance Company (if any)  
\_\_\_\_\_  
\_\_\_\_\_

7) What other insurances, if any, are in force covering the property?

\_\_\_\_\_

8) Please state cause and circumstances of loss or damage.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STATEMENT OF CLAIM (Give details of loss or damage)**

Description of each building, article or item in respect of which this claim is made	Date purchased or received.	From Whom obtained (Name and Address)	Original Cost price	Value at the time of the loss after allowing for age, wear and tear and depreciation	Amount claimed after deducting value of the salvage
Total Amount Claimed					

I/We hereby declare that the statements contained herein are true to the best of my/our knowledge and belief and I/We claim the amount stated above in respect of the property mentioned.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature (Insured) *(If a Limited Company give status of signatory)*

**NOTES**

- 1) Wherever possible, claims should be accompanied by Builders', Architects' or Repairers' estimates.
- 2) The Policy is a contract of INDEMNITY and, subject to the Sums Insured under the policy, all claims must be based upon the actual value of the insured property at the time of the Theft, Loss, Damage, or Breakage (allowing for any depreciation, wear and tear), unless the basis of claim settlement as defined in the policy, or clause(s) incorporated therein, permits or stipulates otherwise.
- 3)
  - a) Claims in respect of Buildings should be based upon the cost of restoring them to the condition they were in at the time of the loss. Contemplated improvements must not be included.
  - b) Claims for Furniture, Fittings, Machinery, Tools, Electrical Appliances, etc. must not exceed their value at the time of the loss; that is, after due allowance has been made for age, wear and tear and depreciation during the time they have been in use. Where appropriate, the claim will be based on the cost of repairs or of restoration.
  - c) Claims for Stock-in-Trade should be based on values at the time of the loss after deduction of all discounts or allowances. Due allowance must be made for out of date and unsaleable stock.
  - d) Salvage must be protected from deterioration until the claim is settled.

**AGENTS' REMARKS ON THE CLAIM**

1) Have you seen and examined the property, and are you satisfied that the amounts claimed are fair and reasonable after making due allowance for age, wear and tear and salvage?

2) \_\_\_\_\_  
In your opinion have all conditions and warranties of the Policy been complied with?

3) Are there any circumstances of interest to report?  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Agent)