

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

(a) What was the nature of the occurrence (e.g. 'Fire')	At _____ a.m. p.m. on _____ mm/dd/yy
(b) At what address did it take place?	
(c) For what purposes were the Premises being used at date of occurrence?	
(d) Were the premises occupied at the time of loss? If not, on what date and at what hour were they last occupied?	
(e) Describe briefly what happened and the resultant damage, and state what you believe caused it to happen.	
(f) Has the loss been reported to the Police/Fire Authorities? If 'YES', on what date and at which station?	
(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?	
(h) Is the Claimant the Sole Owner of the Property damaged or destroyed? If not, state full particulars of any other interest.	
(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".	

