

FIRE CLAIM FORM

NOTE: This form must be completed and returned immediately to



Claim under Policy Number.....

Name of Insured:..... Telephone Number.....

(BLOCK CAPITAL)

Address:.....

1. Address of the premises where the loss or damage occurred

2. Date and time of the fire

3. What was the cause of the fire?

4. (a) Are you the owner of the property destroyed or damaged?..... (a)

(b) Are there any hire purchase contracts in force? (b)

(c) Give details of other interested parties..... (c)

5. Were there at the time of the occurrence any other insurances in force on the property, whether effected by you or any other person? If so, give full particulars. If not, please write "No".

6. What was the total value of the property insured by the policy at the time of the loss? Buildings ¢ Contents ¢

7. Have you previously claimed against any insurer in respect of risks covered by this policy? If so, give particulars.

I/We declare that the above is a full and accurate statement and that the sum, viz: ¢ for the property detailed overleaf represents the true amount of the loss.

Date.....Signature of Insured

INSTRUCTION TO BE OBSERVED

All damaged property must be protected from further deterioration and should not be disposed of until permission is given by the Company or its Loss Adjusters.

BUILDING: The claim form should be accompanied by a tradesman's detailed estimate. Due allowance should be made for age and depreciation and the cost of contemplated improvements should not be included.

FURNITURE, STOCK AND OTHER CONTENTS: A list of the articles destroyed or damaged should be detailed overleaf. As the policy is a contract of indemnity the amount claimed must be based upon the actual value at the time of the loss.

Please turn over

