

Fire and General Accident Claim Form

(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY)

- *This form should be completed and returned to the company immediately.*
- *Care should be taken when completing the form, as the policy is void able if any claim is fraudulent or deliberately exaggerated.*
- *Sections 1,2 and 8 on this form must be fully completed, the remainder (3 to 7) only where applicable.*
- *Receipts, Invoices and any other satisfactory evidence must be produced to prove loss.*
- *All claims must be based on actual value of the articles involved.*
- *In the case of stock the value is not the selling price but the cost price less trade or cash discounts.*
- *Any property lost or stolen it has to be supported by Police Report.*
- *If any property / articles can be repaired, competitive estimates should be sent with this form.*

WITHOUT PREJUDICE

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1. INSURED

Name:

Occupation:

Address:

Policy No.:

Tel No.: Fax No.: Mail ID:

Address where loss / damage occurred.

.....
.....
.....

Are you the Owner / Mortgagee, Lessee, etc?

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Are the premises let, lent or sub-let in whole or in part?

If so, to whom?

2. CAUSE

Date / Time of occurrence: am / pm -----

By whom was the loss was discovered?

Give brief description of the loss (*kindly attach separate sheet in case the space is not sufficient*).

Cause of loss (*kindly attach separate sheet in case the space is not sufficient*).

Complete section wherever applicable

3. BUILDINGS

Extent of damage / loss: -----

Estimation amount of loss: BD -----

If you are tenant, are you liable for decorations or repairs to the building? Yes No

4. CONTENTS (*Full description of loss / damage to be given on back page*)

Are you the sole owner of the article? Yes No

If not, give details of owner.

Approximate value of total contents of your premises at time of loss BD -----

5. FIRE

By whom the fire was extinguished?

Do you have any fire extinguishing appliances? -----

Was the Extinguishers used at the time of loss? -----

Was the Fire Extinguished by Civil Defense & Fire Services? (*Kindly attach the report with this form*).

6. THEFT

When and by whom was loss discovered?

When and which police station was loss notified? (*Kindly submit the Police report with this Claim Form*). -----

Are the premises fitted with any alarms special locks, etc? -----

If so, give details: -----

Give Brief description about the loss (*When & How it has accrued*)

7. IMPACT DAMAGE

Kindly inform about the occurrences of loss

In case the loss is reported to the nearest police station-Which Police station (*Attach the report of the Police*) -----

8. OTHER INSURANCES

Give details of all other insurance policies that cover loss / damage forming the subject of this claim.

Have you had any other losses suffered in the other policies? (*Kindly specify*).

Have you previously sustained loss by fire, theft, and burglary of larceny? -----

If so give details: -----

I certify that the foregoing particulars are true.

Signature of Policy Holder:

Date:-