Fire Damage Claim Form

Policy Holder Information

Full Name:

[ ]

Property Address:

[ ]

Contact Number:

[ ]

Email:

[ ]

Policy Number:

[ ]

Incident Details

Date of Fire:

[ ]

Time of Fire:

[ ]

Location of Fire (if different from property address):

[ ]

Description of Incident:

[ ]

Damage Assessment

List of Damaged Property/Items:

[ ]

Estimated Loss Amount ($):

[ ]

Authority Notification

Was the fire department notified?

○ Yes ○ No

Fire Department Report Number (if any):

[ ]

Signature:

[ ]

Date:

Submit Claim