FIRE INSURANCE CLAIM FORM						
Policy No. :						
Claim No. :						
Period Of Insurance : From :   To:						
Insured:						
Address :						
CLAIM DETAILS						
1	Exact Date and Time of Fire/ Loss :					
	Room or place where the Fire/Loss					
2	originated :					
3	Description of premises; e.g.					
	"Residential House", "Grocer's					
	Shop", "Cotton Mill", etc.					
4	Cause of Fire/Loss					
5	Nature of any other interest; e.g.					
	"Mortgagee", "Lessee", "Purchaser on Deposit", etc.					
	If there is/are any other Insurance(s)					
6	on the property, state details.					
7	Where the insurance consists of					
	several items, value of each item					
	under which the claim is made.					
8	Details of Declaration.					
I/We declare that the foregoing particulars are true and correct to the best of my/our knowledge.						
Signature of Claimant						

Office Seal:

## **DETAILS OF CLAIM FOR PROPERTY DESTROYED OR DAMAGED**

A Fire Policy being a contract of INDEMNITY only, all claims must be based upon the actual value of the goods at the time of the Fire/Loss.

time o	time of the Fire/Loss.						
Sno.	Description of the Article Claimed	Value at the time of Fire	Deduction for value of salvage	Amount Claimed; i.e. acutal loss after dedcution			
		""	or surrage	of salvage value.			
				or salvage value.			
	Total NRs.						
		•	•	•			