

Fire Claim Form

1. PARTICULARS OF POLICYHOLDER			
Policy No.			
Insured			
Business Address			
Contact Details (Telephone, Fax & Email)			
2. DESCRIPTION OF INCIDENT			
When did Incident occur? Please indicate which day, date, and hour.			
Where (premises) did Incident occur?			
Describe in details the occurrence leading to the fire.			
Was the premises occupied at the date/time of fire? If "No" please indicate for how long was the place unoccupied since inception/renewal of this Policy below:-			[] Yes [] No
Was the occurrence reported to the Police/SCDF? If so, let us have a copy of the Police/SCDF Report.			
Was there any Photograph/CCTV recording the chain of event? If so let us have a copy of the photograph/recording.			
Are you the sole owner of the damaged property? If "No", please provide details of other interested parties below:-			[] Yes [] No
Are there any hire purchase contracts in force? If "Yes", let us have a copy of the contract			[] Yes [] No
3. OTHER INSURANCE			
Have you, at these premises or elsewhere, previously suffered loss or claimed against any insurer in respect of the perils insured by this policy?			[] Yes [] No
Are there any other insurances effected by you or by any other person covering the loss or any part thereof? if so, please indicate:-			
Insurance Company	Policy No	Period of Insurance	Amount Insured

