

Fire Loss Statement

Date: _____

Insured Party Details

Name of Insured: _____

Policy Number: _____

Address: _____

Contact Number: _____

Incident Details

Date & Time of Fire: _____

Location of Incident: _____

Cause of Fire (if known): _____

Loss Description

Property/Asset Damaged: _____

Estimated Value of Loss: _____

Description of Damage: _____

Police/Fire Brigade Report

Report Number: _____

Authority Name: _____

Declaration

I hereby declare that the above statements are true and correct to the best of my knowledge. I understand that any false or incomplete information may render this claim void.

Signature: _____

Date: _____

Important Notes:

- Complete all sections accurately to avoid delays in claim processing.
- Attach relevant supporting documents, such as fire brigade and police reports.
- Provide detailed descriptions and estimated values wherever possible.
- This document serves as a formal statement and may be used for official processing.
- Retain a copy of this statement for your records.