

Fire Accident Loss Claim Intimation Format

1. Policy Holder & Insurance Details

Name of Insured / Policy Holder _____

Policy Number _____

Address

Contact Number _____

Email ID _____

2. Fire Accident Details

Date & Time
of Fire
Accident _____

Location of
Fire Accident _____

Brief
Description of
Fire Accident
and Cause _____

Estimated
Loss/Damage _____

Has Fire
Brigade
Attended?
(Yes/No) _____

FIR (First
Information
Report)
Lodged?
(Yes/No) _____
If Yes, FIR Number: _____

3. Claim Intimation Declaration

I/We hereby inform the insurance company of the above-mentioned fire accident and intend to submit a formal claim as per policy terms and conditions. All statements made above are true to the best of my/our knowledge.

Date _____

Place _____

Signature of Insured _____

Important Notes:

- Intimate the insurance company immediately after occurrence of the fire accident.
- Do not tamper or remove any damaged property until inspected by the insurer's surveyor.
- Attach copies of relevant documents like FIR, fire brigade report, and photographs if available.
- Provide accurate details to avoid claim processing delays.
- Retain all receipts and records of expenses incurred due to the accident.

