

Fire Insurance Claim Statement

Policy Details

Policyholder Name: _____
Policy Number: _____
Contact Number: _____
Address: _____

Incident Details

Date of Fire: _____
Time of Fire: _____
Location of Incident: _____
Brief Description of Incident: _____

Properties Damaged or Lost

Item Description	Quantity	Estimated Value	Remarks

Supporting Documents (attached)

- Copy of Insurance Policy
- Fire Department Report
- Police Report (if applicable)
- Photographs of Damaged Property
- Repair/Replacement Estimates
- Other Relevant Documents

Declaration

I hereby declare that the information furnished above is true and complete to the best of my knowledge and belief. I agree to provide further information if required and understand that any misrepresentation may invalidate my claim.

Signature: _____
Date: _____

Important Notes:

- Submit your claim as soon as possible after the fire incident.
- Ensure all required documents and evidence are attached to avoid processing delays.
- Provide accurate and detailed information about all items claimed.
- False or fraudulent claims can result in denial or legal consequences.
- Contact your insurance agent if you need assistance completing the form.

