



FIRE CLAIM FORM

Name of Claimant _____ Policy No. _____
 (if more than one policy see reverse)

Name of Insured _____ Agency _____

When did the fire take place?	at the hour of _____ in the _____ of the _____ day of _____ 200						
Situation of property damaged or destroyed.							
How were the premises occupied at the time of fire?							
Under what circumstances did the fire occur? What was the cause of the fire and where do you think it originated from?							
Was the Fire Brigade summoned? If yes, when did it arrive?							
Was there any element of risks introduced at the premises which was not mentioned in the policy ?							
Besides the insured's property, has any other property not belonging to the insured been damaged?							
Have the conditions and warranties of the policy been complied with in every respect?							
Does the policy give a correct description of the property in all respects as it existed immediately before the fire?							
Is the claimant the sole owner of the property damaged or destroyed? If not, state full particulars of any other interests.							
Has there been a previous fire in these premises, or in any other premises in which the insured had an interest? If so, state full particulars of such fire or fires.							
Were there at the time of the fire any existing insurances, whether effected by the claimant or by any other person on the said property with any other Company? If so, state full particulars, if not, please write "NO"	<table border="1"> <thead> <tr> <th>NAME OF COMPANY</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	NAME OF COMPANY	AMOUNT				
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I/We _____ now residing at _____
 do hereby declare that the above is a full, true and accurate statement, and I/We further declare that the Articles mentioned on the reverse side, being my / our property, and insured under the above named policy or policies were accidentally destroyed or damaged, without any design or procurement on my / our part, by the aforesaid fire, according to the extent and values annexed; therefore I/we claim from **UBL INSURERS LIMITED** the sum of Rs. _____ the amount thereof _____.

I/we solemnly declare that I/we have in no manner nor by fraud nor wilful misrepresentation nor non-disclosure sought unjustly to benefit by the said fire and that this solemn declaration made by me/us conscientiously believing the same to be true.

As witness my/our hand, this _____ day of _____ 200 _____.

Taken and declared at _____ this _____ day _____ in the _____

Signature of Claimant _____ before me _____

DETAILED STATEMENT OF PROPERTY DESTROYED OR DAMAGED BY FIRE AND INSURED UNDER:

POLICY NO.

of UBL INSURERS LIMITED

(IF MORE THAN ONE POLICY SEE BELOW) *

Policy No.	Description	Value at the time of the fire of Property or Article damaged or destroyed		Value of Salvage		Amount claimed after deducting value of salvage	
		Rs.	Ps.	Rs.	Ps.	Rs.	Ps.

* TO BE COMPLETED IF MORE THAN ONE POLICY

	<u>POLICY</u>	<u>AMOUNT</u>	<u>PROPERTY COVERED</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____