

# Building Fire Claim Verification Statement

## Claimant Information

Name

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Address

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Contact Number

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Policy Number

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## Property Information

Property Address

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Date of Loss

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Time of Loss

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Description of Incident

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## Verification Statement

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that furnishing false information may result in denial of my claim and possible legal consequences.

Claimant's Signature

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Date