

# Fire Insurance Structural Damage Declaration

## Policy Details

Policy Number

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Name of Insured

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Contact Number

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Property Address

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## Incident Details

Date of Incident

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Date Reported

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Description of Fire Incident

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## Structural Damage Description

Detailed Description of the Structural Damage

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Estimated Loss (if applicable)

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## Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge and belief. I understand that any false information may invalidate my claim.

Signature of Insured

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Date

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