

Fire Damage Insurance Loss Declaration

Policy & Insured Details

Policy Number:

Date of Issue:

Name of Insured:

Contact Number:

Address of Insured:

Details of Loss

Date & Time of Incident:

Location of Incident:

Description of Fire Damage:

Estimated Loss Amount (in words & figures):

Police/Fire Brigade Report (Reference No. & details):

Declaration

I/we hereby declare that the above statements are true and correct to the best of my/our knowledge and belief, and that no material information has been withheld or suppressed. I/we agree to provide further information or documentation as required by the insurance company.

Signature of Insured

Name:

Date:

For Office Use Only

Received By:

Date:
