

Fire Incident Report

For Insurance Liability Claims

1. Basic Information

Policy Number

Name of Insured

Contact Number

Address of Incident

Date of Incident

Time of Incident

2. Incident Details

Description of Incident

Exact Location of Fire (if different than above)

Suspected Cause of Fire

Discovered By (Name & Contact)

Reported To (Name/Department)

Responders (Fire Dept, Police, etc.)

3. Damages & Losses

Property/Asset Damage

Estimated Value of Loss (if known)

Injuries (if any)

4. Additional Information

Additional Notes/Remarks

Report Completed By

Date