

Commercial Property Fire Loss Survey Report

1. General Information

Survey Date:

Survey Conducted By:

Insured Name:

Property Address:

Contact Details:

Policy Number:

Claim Reference:

2. Property Details

Type of Property:

Occupancy:

Year Built:

Construction:

Total Area:

3. Details of Fire Incident

Date & Time of Loss:

Location of Outbreak:

Description of Incident:

4. Cause of Fire

5. Damage Assessment

Item	Description	Extent of Damage	Estimated Value

6. Observations

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7. Recommendations

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8. Photographs (if any)

9. Conclusion

Surveyor Name: _____

Signature: _____

Date: _____