

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:
