

# Preliminary Fire Insurance Survey Report

## 1. Insured/Applicant Details

Name of Insured/Applicant: \_\_\_\_\_

Address of Property Surveyed: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

## 2. Risk Information

Type of Occupancy: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Number of Floors: \_\_\_\_\_

Year of Construction: \_\_\_\_\_

Total Sum Insured: \_\_\_\_\_

## 3. Description of the Property

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## 4. Fire Protection & Safety Measures

- Fire Extinguishers: \_\_\_\_\_
- Sprinkler System: \_\_\_\_\_
- Smoke Detectors: \_\_\_\_\_
- Hydrants/Fitted Hose Reels: \_\_\_\_\_
- Other (Please Specify): \_\_\_\_\_

## 5. Exposure Details

- Adjacent Properties/Locations: \_\_\_\_\_
- Potential Hazards / Risk Factors: \_\_\_\_\_

## 6. Observations and Recommendations

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## 7. Surveyor's Declaration

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Signature & Name of Surveyor

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Date