

# Residential Fire Insurance Claim Assessment Report

## 1. Policy Holder Information

Name

Policy Number

Address of Insured Property

Contact Number

## 2. Incident Details

Date of Incident

Time of Incident

Location

Reported By

## 3. Description of Fire Incident

Briefly describe the circumstances and cause of the fire:

---

---

## 4. Assessment Findings

### Property Damage:

- Area(s) affected: \_\_\_\_\_
- Extent of damage: \_\_\_\_\_
- Estimated repair/replacement cost: \_\_\_\_\_

### Supporting Evidence:

- Photographs taken: Yes ☐ No ☐
- Fire Department Report: Yes ☐ No ☐
- Other documentation: \_\_\_\_\_

## 5. Policy Review

Covered Perils: \_\_\_\_\_

Exclusions: \_\_\_\_\_

Deductible: \_\_\_\_\_

## 6. Assessment Conclusion & Recommendation

---

---

## 7. Assessor Information

Name

Position

Assessment Date

---

Signature