

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
