

FIRE AND SPECIAL PERILS INSURANCE CLAIM FORM

1. Details of Proposer	
Name:	Address:
Contact Nos:	Email Address:
D.O.B:	Gender:
Marital Status:	NIN:
Occupation:	Employer's Business:
2. Details of Joint Proposer/Partner	
Name:	Address:
Contact Nos:	Email Address:
D.O.B:	Gender:
Marital Status:	NIN:
Occupation:	Employer's Business:
3. Loss/Damage Date and Time of Loss/Damage:	
Nature and cause of Loss: (Describe in details how loss/damage	
how entry was gained	

If the property was stolen or lost, please answer the following questions: Were the police notified? Yes/No		
When and at which police station was the police report made? (Please provide any report or acknowledgement given by the police.)		
4. Other Insurers – Complete for all claims		
If the property for which you are claiming is also insured under any other policy, please provide details		
If the insured is not the sole owner, the nature of his/their interest in the property and details of other interest:		
5. Complete for all claims		
Details of claims:		
What type of claim are you reporting?		
Estimate full cost of repairs (please attach estimates for the repair works)		
When was it discovered?		
What action was taken to prevent further loss or damage?		
Were there any witnesses to the damage? Yes/No		
If yes, please state name of witness and contact details/address:		
Have the repairs been carried out? Yes/No		
If yes, please state repairer's name:		

6. General Information Was the property in good condition prior to loss or damage? Yes/no If no, please give details: Were the premises occupied at the time of the occurrence? Yes/No If no, period of unoccupancy: 7. Details of other information Do you wish to provide any other information? If yes, specify:	Was any claim reported on the past on the same property during current policy period?	
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