



# NICO General Insurance Company Limited

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## FIRE CLAIM FORM

All questions must be answered fully - dashes or ticks are not acceptable

1. NAME OF INSURED: .....	
2. ADDRESS : ..... Tel. No.: .....	
3. POLICY NO: .....	
4. STATE:	
(A) Address of premises where damage occurred	(A) .....
(B) State as fully as possible how the loss occurred	(B) .....
(C) Date and Time of damage	(C) .....
(D) Were the premises unoccupied if so for how long?	(D).....
(E) In case of impact name and address of Third Party	(E) .....
5. (A) Are you the sole owner of the property?	(A) .....
(B) If not give name of other interested parties	(B) .....
6. Are there any other insurances in force in respect of the property mentioned on this form?	.....
7. Particulars of any previous claims for fire explosion riot storm impact.	.....

(The reverse side of this form must also be completed)

I/We hereby declare that the above details are in all respects true.

.....  
Date

.....  
Signature

# FIRE STATEMENT OF CLAIMS - SCHEDULE

## STATEMENT OF CLAIM

FULL DESCRIPTION OF PROPERTY VALUE CLAIMED	COST PRICE REMARKS	DATE OBTAINED	VALUE AT TIME OF LOSS	VALUE OF SALVAGE	