

Fire Damage Property Insurance Claim

POLICYHOLDER INFORMATION

Name

Property Address

Contact Number

Email

POLICY DETAILS

Policy Number

Insurance Company

INCIDENT DETAILS

Date of Fire

Location of Incident

Description of Incident

DAMAGE ASSESSMENT

Description of Damaged Property

Estimated Loss Amount

SUPPORTING DOCUMENTS

List Submitted Documents (e.g. photos, reports)

DECLARATION

Declaration Statement

Signature

Date