

# Fire Insurance Proof of Loss

Policy Number:

Insured Name:

Address of Insured:

Contact Number:

Date of Loss:

Location of Loss:

Cause of Fire:

## Description of Damaged or Destroyed Property

Description	Quantity	Original Cost	Value at Time of Loss	Amount Claimed

Total Amount Claimed:

Other Insurance (if any):

Remarks:

Signature of Insured

Date