



FIRE CLAIM FORM

Name of Claimant:		
Name of Participant's:		
Policy (PMD) No:	Agency:	
When did the Fire take place? Give Date & Time		
Situation of Property damaged or destroyed		
How were the premises occupied at date of Fire?		
What was the cause of the Fire, and under what circumstances did it occur?		
Does the policy give a correct description of the property in all respects as it existed immediately before the Fire?		
Has any element of risk been introduced which was not allowed by the policy?		
Have the conditions of the Policy been complied with in every respect?		
Is the Claimant the sole owner of the property damaged or destroyed? If not, state full particulars of any other interest.		
Has there been a previous Fire in these premises, or in any other premises in which the Insured was interested? If so, state full particulars, including the cause, of such Fire or Fires.		
Were there at the time of the Fire any other Takaful / Insurances, whether effected by the Claimant or any other person, on the said property, with any other Company or Society? If so, state full particulars. If not, please write "No"	Name of Company	Amount

I/We _____ of _____ do hereby declare that the above is a full, true and accurate statement, and I/we further declare that the Articles mentioned on the other side, being my / our property, and participant under the above-named policy or policies, were accidentally destroyed or damaged, without any design or procurement on my / our part, by the aforesaid Fire/Peril according to the extent and values annexed; wherefore I/we claim from _____ the sum of Rs. _____ the value thereof.

As witness my/our hand, this _____ day of _____ 20

Signature of Claimant _____