



नेशनल इन्श्योरेंस कम्पनी लिमिटेड

ALLIED 10 Pads/ 12/2012

National Insurance Company Ltd.

A Govt. of India Undertaking

(Regd. Officer, 3 Middleton Street, Kolkatta-700071)

Divisional Office: N.B. Building, Red Cross Road, Srinagar-190001, J&K

FIRE CLAIM FORM

Name of Claimant:..... Policy No:.....

Name of Insured:..... Agency:.....

When did the Fire take Place?	At the hour of..... in the of the.....day of.....20	
Situation of property damaged or destroyed?		
How were the premises occupied on the date of fire?		
What was the cause of fire and under what circumstances did it occur?		
Does the policy give a correct description of the property in all respect as it existed immediately before the fire.		
Has any element of risk been introduced which was not allowed by the policy.		
Have the condition and warranties of the policy been complied with in every respect?		
Is the claimant the sole owner of 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 premise in which the insured was interested. If so state full particular including the cause of such fire or fires		
What was the Sound value of all properties referred to in item No.....of the policy under which the claim is made?		
Where there as the time of the fire existing insurances. whether effected by the claimant or by any other person on the said property with any other Company? If so, state full particulars, if not please write No.	NAME OF COMPANY	AMOUNT
	_____	_____
	_____	_____

I.....new residing.....

.....do hereby declare that the above is a full, true and accurate statement and that the articles mentioned on the other side being property and insured under the above named, policy or policies, were accidentally destroyed or damaged without any design or procurement on my part by the afore said fire, according to the event and value annexed. I further declare that I had not entered in to any contract to sell or dispose of the said property where for I claim from the company the sum of Rs.

Signature of Claimant.....

Witness.....

Date.....

The issue of this form is not to be taken as admission of liability on the part of the company.

