

FIRE INSURANCE CLAIMS QUESTIONNAIRE

Claim and loss details

INSURED / POLICY DETAILS

1. Name of the Insured

2. Address

Telephone

3. Policy No.

Date and Time of Loss

4. Description of the property Insured

5. Sum Insured: Shs

Period of Insurance

6. Description of the property damaged/destroyed

7. Cause of Loss

8. Action taken to minimize loss

9. Ownership of damaged/destroyed property

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FIRE INSURANCE CLAIMS QUESTIONNAIRE

Property schedule and declaration

DETAILS OF PROPERTY DESTROYED OR DAMAGED

Description of property	Year purchased / built	Cost price	Market value at time of loss	Salvage value	Amount claimed

CLAIM / DECLARATION

I/We hereby claim and agree to accept from Statewide Insurance Company Ltd by reason of said loss and damage the sum of Shs. stated below in full satisfaction of all liability under the said Policy for said loss and damage.

Amount claimed / accepted (Shs.)

I/We do hereby further solemnly and sincerely declare that I/we have not either directly or indirectly, proximately or remotely caused the said loss, or by connivance, fraud or misrepresentation sought to benefit thereby. I/We make the foregoing solemn declaration conscientiously believing the same to be true.

Day

Month

Year

Signature