



## FIRE CLAIM

**Name of Claimant** \_\_\_\_\_ **Policy No.** \_\_\_\_\_  
 (If more than one Policy see reverse)

**Name of Insured** \_\_\_\_\_ **Agency** \_\_\_\_\_

When did the Fire take place?	Time _____ A.M. / P.M. Date _____ 200								
Situation of property damaged or destroyed.									
How were the premises occupied at the time 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 Fire?									
Has any element of risk been introduced which was not allowed by the Policy?									
Have the conditions and warranties 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 of fires.									
Were there at the time of the Fire any existing Insurances whether effected by the Claimant or by any other person, on the said Property with any other Company or Society? If so, state full particulars, if not, please write "No"	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name of company</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Name of company	Amount	_____	_____	_____	_____	_____	_____
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_____	_____								
_____	_____								
_____	_____								

I/We \_\_\_\_\_ now residing \_\_\_\_\_

I/We \_\_\_\_\_ do hereby declare that the above is a full, true and accurate statement, and I/We further declare that the Articles mentioned on the reverse side, being my/our property, and insured 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, according to the extent and values annexed; wherefore I/We claim from The United Insurance Company of Pakistan Limited, the sum of Rs. \_\_\_\_\_ the amount thereof.

I/We solemnly declare that I/We have in no manner nor by any fraud not wilful misrepresentation nor no disclosure sought unjustly to benefit by the said fire and that this solemn declaration made by me/us conscientiously-believing the same to be true.

As witness my/our hand, this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_

Taken and declared at \_\_\_\_\_ }  
 This \_\_\_\_\_ day of \_\_\_\_\_ in the \_\_\_\_\_ } Signature of Claimant \_\_\_\_\_  
 Year 200 \_\_\_\_\_ Before me \_\_\_\_\_

**Detailed Statement of Property destroyed or damaged by Fire and Insured under**

**POLICY No.**

of *The* **UNITED INSURANCE COMPANY OF PAKISTAN LTD.**

(If more than one Policy see Below)

POLICY	DESCRIPTION	Value at the time of The Fire of Property of Article damaged or destroyed		Value of Salvage		Amount claimed after deducting value of Salvage	
		Rs.	Ps.	Rs.	Ps.	Rs.	Ps.

**TO BE COMPLETED IF MORE THAN ONE POLICY**

**POLICY No.**

**AMOUNT**

**PROPERTY COVERED**

- 1.
- 2.
- 3.
- 4.