



**NEW INDIA
ASSURANCE**

Registered Office: New India Assurance Building, 87 Mramatma Ganum Road, Fort, Bombay 400023 (India)

FIRE CLAIM FORM

LOSS NO

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADDMISSION OR LIABILITY
CLAIM UNDER FIRE POLICY NO/NOS

I/We _____ holding
The above mentioned Policy in THE NEW INDIA ASSURANCE COMPANY, LIMITED, do hereby declare that on of
About _____ O'clock a.m/p.m on the _____ day of _____ 20, a fire occurred as follows: -
State where and how the fire } _____
Commenced and whether it spread } _____
And give full address and situation } _____
Of the premises } _____

And that the said fire was occasioned to the best of my/knowledge and belief
by, through or in consequence of _____

I/We further declare that at the time of the fire premises involved were occupied for the following purpose(s) viz: -

I/We further declare that the actual realizable value of the property insured under each separate item of the above
Policy under which this claim is made, was at the time of the fire _____

and that I was/we were the sole owner(s) of the said property, no other person having interest in the same, except
(State here the nature of the other interest, e.g. Mortgage, Lessee, etc., if any). _____

I/We also further declare that the following is the true and complete statement of all insurance covering loss and/or damage by fire which have been
effected upon the said property: -

AMOUNT	COMPANY	POLICY No
	(Note: if there are insurances with other offices than New India full copies of policies must be attached)	

I/ We do hereby solemnly and sincerely declare that the details appended hereto, are a full and correct statement of the loss, sustained by me/us
on the property insured by the above policy in consequence of the aforesaid fire, amounting to the sum of _____ and the amount
claimed in respect of each and all of the several articles or items of property damaged or destroyed, constitute their value at the time of the loss or
damage, not including profit of any kind.

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 convenience, fraud, or misinterpretation sought to benefit thereby. And I/we make the foregoing declaration conscientiously believing the same
to be true, this _____ day
Of _____ 20

Witness _____
Age _____
Name & Address _____

Signature of the Insured _____
Address _____

Date _____

Date _____

To be filled in by Inspection			
Branch/Inspector/Pr.Agent/Agent	Premium Payment Particulars		
	Receipt No.	Date of Payment	Amount

PLEASE GIVE DETAILS OVER LEAF

