



**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**

