

## FIRE CLAIM FORM

Policy No.

Claims No. : \_\_\_\_\_  
(For Official Use)

Name of Insured


Business Address


Home address


Tel No.

Mobile

e-mail \_\_\_\_\_

1. Date and Time of Loss	On _____ At _____ am / pm.
2. Nature and Extent of Damage	
3. Cause / Circumstances of Loss	
4. What Measures have been taken to minimize / mitigate the loss	
5. Proximate Estimate / Cost of Repairs	
6. Usage / Status of Property	1- Residential      2- Commercial      3- Industrial 5- Others (please specify)

<p>7. If damage is due to the 'Act of God', then please enclose the report from the meteorological department / newspaper cuttings.</p> <p>Describe the incident.</p>	
<p>8. Has the Public Fire Brigade /Police were informed? If yes, Please enclose the certificate from the Fire Brigade/ F.I.R from Police.</p>	<p>Yes      No</p>
<p>9. if the damage caused by Third Party, please provide full details of the Third Party including name and contact numbers</p>	
<p>10. Give dates of any previous claims of a similar nature you have made.</p>	
<p>11. Were there at the time of the occurrence any other existing Insurance policies on the said Property, with any other Company or Insurer, whether effected by the claimant or by any other Person?</p>	<p>Yes      No</p>
	<p>If Yes, please provide full particulars</p>

I/ We hereby certify that information herein given is to the best of my/our knowledge and information correct. I/ we also agree to render The Abu Dhabi National Takaful Co. Ltd. all necessary help in recovering the amount of all loss or a part of it from anybody whosoever ultimately become liable to make good the loss.

Date & Signature of the Insured