



STATE INSURANCE
COMPANY LIMITED

Live in a better State of mind

Redcliffe Street P.O. Box 290 St. John's Antigua. W.I.
(268) 481-7800/1/2/3/4 • info@siclfinancial.com • siclfinancial.com

FIRE LOSS REPORT

Claim No.: _____

Insured _____

Address _____

Telephone (Business) _____ (Residence) _____

Situation of Risk _____ **Type of Risks** _____

Date of Loss _____ Time _____

Nature of Loss _____

Cause of Loss _____

How did you come to know of the loss? _____

Fire Brigade was called by _____ Time _____

INSURANCE DETAILS

Policy No. _____ Period of Cover From _____ To _____

Gross Sum Insured \$ _____ Premium \$ _____

Building \$ _____ Stock \$ _____

Contents \$ _____ Other \$ _____

Type of Risk _____

Are there any other insurance policies on the same risk? _____ **If so, please give details**

Name of Company _____ **Sum insured \$** _____

Policy No. _____ **Period of Cover** From _____ To _____

Is there any Mortgage on this property? _____

If so, give details _____

If a commercial risk, when did you last take inventory? _____

Who are your Auditors/Accountants? _____

How did the Loss/Damage occur? (Write in detail) _____

(If necessary, attach a separate sheet)

SCHEDULE OF LOSS

[illegible]

Date: _____

Signature
of Insured: _____

FOR OFFICE USE ONLY

Excess/Deductible \$ _____

Entered in claims Register (date) _____

Entered on client's card (date) _____

Policy Verified _____