STATEMENT OF DAMAGE RELATING TO FIRE INSURANCE AND RELATED WARRANTIES

Policy Nº :…… Effective Date :……..End Date:……..
Date of declaration of disaster **……..……**

I. GENERAL INFORMATION

1. Name and Surname of the subscriber/ Corporate name :…….
2. Place and date of birth : ……..
3. No. of identity card: ……
4. Contact Person : ……..…
5. Mailing Address: ..……
6. E-mail address: …..……...……
7. Phone
   a) Mobile : ……..
   b) Home landline: ……..
   c) Office landline : …..……
8. Account Number and Bank:……...……
9. Employer (if private): ……..
10. Name of Mortgagee: ……..…
11. Account Number and Bank: ……

II. INFORMATION ABOUT THE BUILDING

1. **Location of risk**

Street : ……. Cell : ……
N° of house: ……. Sector : ……
Plot Nº : …….. District :……
Village : ……. City/Province :…….

2. **Building materials**

a) Walls : Baked bricks □ Concrete □ ciment Block □adobes bricks □ Mixed (please specify)□……

b) Roofing : plates□ Tiles □ Fiber ciment □ Concrete □
c) Windows and doors Metal □ Wood □ Other (specify) □……..

d) Frame : Metal □ Wood □ Concrete □ Other (specify) □ ……..

3. **Building usage**

Industry □ Commercial □ Residential □ Administrative □
Other (specify) □ : ……..
Did you have another Fire Insurance? Yes ☐ No ☐

If yes, indicate the insurance company ……

4. **Situation of the building**

Occupied □ unoccupied □

III. INFORMATION ON LOSS / ACCIDENT

Date and time of incident :……..

Causes of the accident :……..

Brief circumstances of the incident:
……

Did the firefighters intervene?	□ Yes □ No
Was the police alerted ? (theft) Which Police station? Number and date of the statement	□ Yes □ No …….. ……..
Description of damages or injury:	…….. …….. ……..
Estimated damages or injury (attach the estimate and / or reported losses detailed establishing the amount of the claim)	……..

IV. DAMAGED GOODS

Buildings : ……
Furniture : ……
Various Items : ……
Machinery, Equipments (List) : ……
Goods: : - Ordinary……
- Harzadous……

A AFFECTED WARRANTIES (check)

1. Fire, Lightning and Explosion □
2. Claims by neighbors and others □
3. Fall of air navigation devices □
4. Vehicle accident □
5. Storm, Tornado, Hurricane □
6. Damage caused by water □
7. Earthquake □
8. Theft □
9. Broken grasses □
10. High Water, Flood □

B DAMAGE IN CASE OF BUILDING:

a) ARE YOU :	
1° Owner?	□
2° Main tenant ?	□
3° Partial tenant ?	□
b) **IF YOU ARE A TENANT:**	
1° Who is your landlord? (Name and address)	…… …..
2° Did you notify the landlord ?	…… ….. □ Yes □ No
3° How much is your rent?	…… …..
c) IF YOU ARE OWNER:	
Is the building occupied (even partially) by a tenant or tenants? If yes, specify their name (s) (s) and (s) number (s) of their (s) policie(s)	□ Yes □ No …… ….. …… …..
What is the convenient time for you for a visit? (Day and time)	…… …..

At what phone number can we contact you?	…… …..

V. EMERGENCY MEASURES USED TO STOP DAMAGE

a) In case of fire: None □ extinguisher □ Sprinkler □ Armed Tap fire □ Other (Specify) □ ……..

b) In case of theft None □ guarding □ automatic alarms □ Other specify □

All the above is so declared in good faith and in all sincerity.

Done at……, on ……

The Insured

NB: The prompt settlement of the claim will depend to a large extent upon your care while completing this form.