

FIRE CLAIM FORM

The issue of this form is not to be taken as an admission of liability

1. Name of Insured. Block Letters Please		
2. (a) Address. Block Letters Please		
(b) Email Address.		
(c) Tel No.		
3. Policy/Policies No (s)		Sum Insured SR
4. Date of loss.	Time of loss a.m./p.m.	
5. Place of loss.		
6. How loss occurred.		
7. Total Value of property at time of loss.		
8. Are you Sole owner? If not state joint owners & amounts		
9. Other Insurances on this property		
Amount	Policy No.	Company

The undersigned being the insured under the above Policy/Policies hereby declares that the details appended hereto are a full true and correct statement of the insurances in force and the loss sustained and



شركة الصقر للتأمين التعاوني
Al Sagr Cooperative Insurance Co.
شركة مساهمة سعودية - رأس المال ٢٠٠ مليون ريال سعودي - س.ت ٢٠٥١.٣٦٨٧١
Saudi Joint Stock Co.- Capital Subscribed and Paid up Saudi Riyals 200 million - C.R. 2051036871

that the amounts claimed in respect of each and all of the several articles or items of property damaged or destroyed as listed overleaf constitute the market value at the time of loss or damage and exclude all profit of whatsoever kind.

Signature

Witness

Date

Date

