THE NEW INDIA ASSURANCE CO. (Trinidad & Tobago) LTD.

Registered Office:
3rd Floor,
Guardian Building,
St. Vincent Street,
Port of Spain, Trinidad, W.I.
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FIRE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
CLAIM UNDER FIRE POLICY NO./NOS.....

CLAIM No. _____

I/We _____ holding the abovementioned Policy in THE NEW INDIA ASSURANCE COMPANY (T & T) LIMITED, do hereby declare that on or about _____ O'clock a.m./p.m. on the _____ day of _____ 20 a loss occurred as follows:–

State where and how the damage commenced and whether it spread and give the full address and situation of the premises. _____

and that the said damage 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 damage the premises involved were occupied for the following purpose(s). viz :- _____

I/We further declare that the actual realisable 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 damage _____

and that I was/we were the sole owner(s) of the said property, no other person having any interest in the same, except *(state here the nature of the other interest, e.g. Mortgagee, Lessee etc., if any)*

I/We also further declare that the following is a true and complete statement of all insurances 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 Offices other than the "New India" full copies of all policies must be attached)

I/We do hereby solemnly and sincerly declare that the details appended hereto, are a full, true 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 TT$ and that the amounts 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 connivance, fraud, or misrepresentation sought to benefit thereby. And I/we make the foregoing solemn declarations conscientiously believing the same to be true, this _____ day of _____ 20

Witness _____ Signature of the Insured _____

Age _____ Address _____

Name & Address _____

To be filled in by			
Branch/ Agent	Premium Payment Particulars		
	Receipt No.	Date of Payment	Amount

PLEASE GIVE DETAILS OVERLEAF

DETAILS OF CLAIM FOR PROPERTY DESTROYED OR DAMAGED AS REQUIRED BY THE CONDITIONS OF THE COMPANY'S POLICIES.

N.B.:– A Fire Insurance Policy is a Contract of INDEMNITY ONLY. Claims must be based upon the actual value of the goods or property at the time of the loss or damage, without including profit of any kind.

When arriving at the net amount to be claimed care should be taken to credit the Company with the value of any salvage remaining.

Item of Policy.	Description of property Claimed for in detail	Amount Insured hereon in "New India"	Market value at time of fire		Market value after fire		Amount Claimed	
	TOTAL							