



Κεντρική  
Ασφαλιστική

# FIRE CLAIM FORM

1. Name of the Insured: ..... Tel: .....
2. Address: .....
3. Policy Number: ..... Expiry Date: .....
4. Address where the incident happened: .....  
.....
5. Please give a full description of the incident: .....  
.....  
.....
6. Date and Time (approx..) of the incident .....
7. What was the cause that caused the damage. (Please circle the relevant one).  
a) Fire b) Tempest c) Storm d) Flood e) Earthquake f) Explosion g) Lightning  
h) Aerial Devices i) Impact j) Malicious Damage k) Burst of Pipes l) other
8. Are there any other insurance policies in place that cover the property to which you referred to? YES  NO   
If yes then please tell us the name of the Insurance Company and the Policy Number:  
.....
9. If the damage concerns only the building please tell us if you are the sole owner or co-owner, if there is a guarantor or mortgagee on the property.  
.....
10. What was the use of the property at the time of the accident (Please circle the relevant one):  
a) Own Occupancy b) Commercial Unit c) Factory d) Workshop e) Other
10. Have you in the past suffered any damage due to the same or any other cause?  
.....

## DECLARATION

I/We hereby declare that the above information is true and correct and also that the property belongs to me/us.

I/We also undertake to provide any help/assistance and provide any/all information that the Insurance Company requests with regards to the handling of our claim.

Date: .....

Insured Signature: .....

## **For official use by the Agent**

1. Was the incident reported to the Fire Brigade and or the Police? YES  NO   
If yes then please tell us at what Station: .....  
.....
2. Have you photographed the damages? Have you estimated the cost? .....
3. Have you notified the insurance company or the Assessor? .....
4. Other notes or information: .....  
.....