

Claim No. _____

Silver Star Insurance Company Limited

(Incorporated in Pakistan. The Liability of the Members is Limited)
 Head Office : Silver Star House, 5-Bank Square, LAHORE

PABX : (92-42) 7324488, 7237518
 7355614, 7231449
 Fax : (92-42) 7229966

FIRE CLAIM

Name of Claimant _____

Policy No. _____
 (If more than one Policy see reverse)

Name of Insured _____

Agency _____

When did the Fire take place ?	Time _____ A.M./P.M. Date _____										
Situation of property damaged or destroyed											
How were the premises occupied at the time of Fire?											
What was the cause of the Fire, and under what circumstances did it occur ?											
Does the Policy give a correct description of the Property in all respects as it existed immediately before Fire ?											
Has any element of risks been introduced which was not allowed by the Policy ?											
Have the conditions and warranties of the Policy been complied with in every respect ?											
Is the Claimant the Sole Owner of the Property damaged or destroyed. If not, state full particulars of any other Interest.											
Has there been a previous Fire in these premises, or in any other premises in which the insured was interested ? If so, state full particulars including the cause of such fire or fires.											
Were there at the time of the Fire any existing Insurances whether effected by the Claimant or by any other person, on the said Property with any other Company or Society ? If so, state full particulars, if not, please write "No"	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;">NAME OF COMPANY</th> <th style="width:30%;">AMOUNT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	NAME OF COMPANY	AMOUNT								
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I/We _____ now residing _____ do hereby declare that the above is a full, true and accurate statement, and I/We further declare that the Articles mentioned on the reverse side, being my/our property, and insured under the above named Policy or Policies were accidentally destroyed or damaged, without any design or procurement on my/our part, by the aforesaid Fire, according to the extent and values annexed; wherefore I/We claim from The Silver Star Insurance Company Limited, the sum of Rs. _____ the amount thereof.

I/We solemnly declare that I/We have in no manner nor by any fraud nor willful misrepresentation nor non disclosure sought unjustly to benefit by the said fire and that this solemn declaration made by me/us consciously believing the same to be true.

As witness my/our hand, this _____ day of _____

Taken and declared at _____ } Signature of Claimant _____
 This _____ day of _____ in the

Year _____ Before me _____

