



Alpha INSURANCE COMPANY LIMITED

(INCORPORATED IN PAKISTAN)

State Life Building No. 1-B,
Off. I.I. Chundrigar Road,
Post Box No. 4359, Karachi-74000
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HEAD OFFICE

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FIRE CLAIM FORM

Please Answer Questions Full

CLAIM No. _____

Full Name and Address of Claimant _____

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

Full Name and Address of Insured _____

Agency _____

When did the Fire take place?

at the hour of _____ on _____
the _____ day of _____ 19 _____

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 correct description of the Property in all respects as it existed immediately before the Fire?

Has any element of risk 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"

NAME OF COMPANY

AMOUNT

I/We _____ now residing at _____

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 Alpha Insurance Company Ltd. the sum of Rs. _____ the amount thereof _____

I/We solemnly declare that I/we have in no manner nor by any fraud nor wilful misrepresentation or nondisclosure sought unjustly to benefit by the said fire that this solemn declaration is made by me/us conscientiously believing the same to be true.

Dated _____

Signature of Witness _____

Signature of Claimant _____

N.B.—THIS FORM IS ISSUED AND COMPLETED SUBJECT AND WITHOUT PREJUDICE TO THE TERMS AND CONDITIONS OF THE POLICY

P. T. O.

DETAILED STATEMENT OF PROPERTY DESTROYED OR DAMAGED BY FIRE AND INSURED UNDER
POLICY NO. _____ OF ALPHA INSURANCE COMPANY LIMITED.
 (If more than one Policy see below)

Policy No.	DESCRIPTION	Value at the time of the fire of Property damaged or destroyed		Value of Salvage		Amount claimed after deducting value of salvage	
		Rs.	Ps.	Rs.	Ps.	Rs.	Ps.

TO BE COMPLETED IF MORE THAN ONE POLICY.

<u>POLICY NO.</u>	<u>AMOUNT</u>	<u>PROPERTY COVERED.</u>
1.		
2.		
3.		
4.		