

LMB INSURANCE BROKERS PVT.LTD.

Preliminary Claim Intimation for Fire & Allied Perils & Other Loss

I. Policy No:

- a. Name of the Insurers:
- b. Address:
- c. Name of Mortgages or other persons
having an interest in the property insured:
- d. Policy Period:
- e. Sum Insured:
- f. Items Insured:

II. Details of Loss:

- a. Time & Date of Fire / Loss:
- b. Cause of Fire / Loss:
- c. Items of the policy affected:
- d. Occupation of the premises at the time
of Fire / Loss:
- e. Has the Fire / Loss been reported to
Fire Brigade /Policy:

Place:

Date:

Name & Signature