



INSURANCE FIRE REPORT

OFFICE OF THE FIRE COMMISSIONER
PO Box 9491 Stn. Prov. Govt.
VICTORIA BC V8W 9N7
Toll Free: 1-888-988-9488 FAX (250) 356-9019

LOCATION	YEAR	INCIDENT NUMBER			OCC
		MONTH	DAY	HOUR	

TO CHANGE A PREVIOUS REPORT, MARK APPROPRIATE BOX

DELETE UPDATE

RELATED TO WILDLAND/INTERFACE FIRE

SELECT INCIDENT TYPE:

STRUCTURE VEHICLE OUTDOOR PERSON

LOCATION OF FIRE INCIDENT (SUITE, NUMBER, STREET, CITY) _____ POSTAL CODE _____

THE FOLLOWING SECTION REFERS TO INSURED STATUS:

OWNER BUSINESS OWNER SURNAME _____ GIVEN NAME(S) _____

OCCUPANT BUSINESS OCCUPANT

COMPANY NAME _____

ADDRESS _____ DATE OF BIRTH _____ TELEPHONE (xxx) xxx-xxxx _____

YEAR MONTH DAY ()

NAME OF INSURED'S SPOUSE OR FULL NAMES OF COMPANY OFFICERS _____

PROPERTY LOSS (\$)	CONTENTS LOSS (\$)	TOTAL LOSS TO NEAREST DOLLAR (\$)
PROPERTY CLAIM PAID (\$)	CONTENTS CLAIM PAID (\$)	TOTAL CLAIM PAID (\$)
PROPERTY VALUE AT RISK (ESTIMATE FOR INCIDENT) (\$)	CONTENTS VALUE AT RISK (ESTIMATE FOR INCIDENT) (\$)	TOTAL VALUE AT RISK (ESTIMATE FOR INCIDENT) (\$)

PROPERTY CLASSIFICATION - PR	BUILDING HEIGHT - BH	INCIDENT - IN	FIRE ORIGIN, LEVEL - LV
FIRE ORIGIN, AREA - OA	EXTENT OF FIRE - XF	MI IGNITING OBJECT - IG	FUEL OR ENERGY - FU
MATERIAL FIRST IGNITED - MI	ACT OR OMISSION - AO	NO. OF OCCUPANTS (AT TIME OF FIRE)	TOTAL INJURIES
			TOTAL FATALITIES

THE FOLLOWING SECTION REFERS TO PRODUCT/EQUIPMENT RELATED TO IGNITION SOURCE:

ITEM TYPE _____ MAKE _____ YEAR _____ MODEL _____ SERIAL NO: _____ LICENSE NO: _____

CONFIRMED IGNITION SOURCE SUSPECTED IGNITION SOURCE

NAME OF MORTGAGEE: _____

NAME OF PUBLIC ADJUSTER (IF ANY) _____

CLAIMS ADJUSTER

NAME _____ FIRM _____ CLAIM NO.: _____

INSURANCE COMPANY (OR NAME OF LEAD COMPANY) _____ NO. OF COMPANIES _____ POLICY NO.: _____

REMARKS: EXPLAIN CIRCUMSTANCES UNDER WHICH FIRE ORIGINATED.

PRINT NAME OF PERSON REPORTING _____ TITLE _____ TELEPHONE (xxx) xxx-xxxx _____ REPORT DATE (YYYY/MM/DD) _____

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