

## Insurance Fire Report

◆ Indicates required fields when saving as pending  
◆◆ Indicates required fields when saving as completed

Status: **LOCKED**

Incident #:

LOC	YYYY	MM	DD	HR	OCC
◆ DMR	2013	08	30	22	01

Incident Type:

☐ Outdoor ☒ Structure ☐ Person ☐ Vehicle

☐ Related to Wildland / Interface Fire

Location of Fire Incident:

PO Box:  Apt/Suite:  Street #: 11429   
Street Name: ◆ 234A STREET Direction:   
City: MAPLE RIDGE  
Postal Code: V2X 5P8

Insured:

Status: ◆ OWNER

◆ First Name and Last Name are required. Company Name is required depending on Status.

Last Name: s.22 First Name: s.22  
Company Name:   
PO Box:  Apt/Suite: s.22 Street #: s.22  
Street Name: s.22  
City: s.22  
Other City:  Province: BRITISH COLUMBIA  
Postal Code:  Tel#: s.22 Date of Birth: s.22

Name of Insured's Spouse or Full Names of Company Officers:

Last Name	First Name	Remove
<input type="text"/>	<input type="text"/> <input type="button" value="Add"/>	<input type="button" value="Remove"/>

Hazardous Products and Equipment Report: (List vehicles, boats, appliances or other equipment applicable)

Item Type:  Item Description:   
Make:  Year:  Model:  Serial No:  License No:   
☐ Confirmed ignition source ☐ Suspected ignition source

Property Loss (\$): ◆	s.22	Property Claim Paid (\$):	s.22
Contents Loss (\$): ◆	0	Contents Claim Paid (\$):	<input type="text"/>
Total Loss (nearest \$):	s.22	Total Claim Paid (\$):	s.22

Property Value At Risk (\$)	Property Value	Contents Value	Total Value
Estimate:	s.22	0	s.22

Number of Occupants  
(at time of incident): 0

Enter Codes (if known):

PR - Property Classification	3110	<input checked="" type="checkbox"/>	YEAR-ROUND USE DWELLING - 1-FAMILY	<input type="button" value="Search"/>
BH - Building Height	0010	<input checked="" type="checkbox"/>	1 STORY ABOVE GRADE	<input type="button" value="Search"/>
IN - Incident	9000	<input checked="" type="checkbox"/>	INSURANCE ONLY - NO ALARM FIRE (FIRE DEPART	<input type="button" value="Search"/>
LV - Fire Origin, Level	0000	<input checked="" type="checkbox"/>	CANNOT BE DETERMINED	<input type="button" value="Search"/>
OA - Fire Origin, Area	0000	<input checked="" type="checkbox"/>	CANNOT BE DETERMINED	<input type="button" value="Search"/>
XF - Extent Of Fire	1000	<input checked="" type="checkbox"/>	CONFINED TO OBJECT OF ORIGIN	<input type="button" value="Search"/>
IG - Igniting Object	9990	<input checked="" type="checkbox"/>	MISCELLANEOUS IGNITING OBJECT - UNCLASSIFI	<input type="button" value="Search"/>
FU - Fuel Or Energy	0000	<input checked="" type="checkbox"/>	CANNOT BE DETERMINED	<input type="button" value="Search"/>
MI - Material First Ignited	0000	<input checked="" type="checkbox"/>	CANNOT BE DETERMINED	<input type="button" value="Search"/>
AO - Act Or Omission	0000	<input checked="" type="checkbox"/>	CANNOT BE DETERMINED	<input type="button" value="Search"/>

Remarks: Explain circumstances under which fire originated.

HOUSE FIRE STARTED BY FIRE WORKS-CAR KEYS TO MERCEDES BURNED IN HOUSE FIRE.



Name of Mortgagee (1):  
Name of Mortgagee (2):  
Name of Mortgagee (3):

Name of Public Adjuster (if any):

Claims Adjuster:

Last Name: s.22 First Name: s.22  
Firm: ICBC Claim #: s.22

Insurance Company (or name of Lead Company):

Name: ICBC  
Policy #: # Companies:

Report By: (All fields)

Last Name: s.22 First Name: Title: ADJUSTER Tel#: 604 - 467 - 7741 Report Date: 2013/09/13

Save as Pending

Save as Complete

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