



Office of the
Fire
Marshal

Mail to:
INSURANCE CRIME PREVENTION BUREAU
P. O. Box 919, Station "U"
Toronto, Ontario
M8Z 5P9

ADJUSTER'S FIRE REPORT

PRELIMINARY REPORT

FINAL REPORT

1. ADJUSTER'S FILE NO. _____

2. INSURED _____

SURNAME OR COMPANY NAME

GIVEN NAMES (IN FULL)

3. INSURED-DATE OF BIRTH
(IF APPLICABLE)

YEAR / MONTH / DAY

4. ADDRESS OF INSURED _____

NUMBER & STREET

APT.

CITY OR TOWN

COUNTY

POSTAL CODE

5. OWNER OF BUILDING/VEHICLE
(IF DIFFERENT THAN #2)

SURNAME OR COMPANY NAME

GIVE NAMES (IN FULL)

6. MORTGAGEE/LIEN HOLDER _____

7. OTHER INTERESTED PARTIES
(PRINCIPAL OWNERS, PARTNERS,
COMPANY OFFICERS, ETC.) _____

8. DATE & TIME OF LOSS
(AS RECORDED BY FIRE DEPT.)

YEAR / MONTH / DAY

TIME (24 HR. CLOCK)

9. ADDRESS OF LOSS
(IF DIFFERENT THAN #4)

NUMBER & STREET

APT.

CITY OR TOWN

COUNTY

POSTAL CODE

10. ADDRESS WHERE FIRE ORIGINATED
(IF DIFFERENT THAN #4 OR #9)

NUMBER & STREET

APT.

11. DESCRIPTION OF OCCUPANCY & BUILDING
(E.G. RESIDENTIAL DETACHED DWELLING,
APARTMENT RESIDENCE - 24 UNIT BUILDING,
GROCERY STORE IN SHOPPING PLAZA
OR VEHICLE TYPE & VIN

12. CAUSE OF FIRE
(IF EXPOSURE LOSS, INDICATE CAUSE
OF ORIGINAL FIRE)

13. TOTAL CLAIM

POLICY NO

A C V

AMT OF INS

RESERVE

FINAL
AMOUNT
PAID

BUILDING

CONTENTS

VEHICLE

OTHER

TOTAL

14. FIRE DEPT. IN ATTENDANCE

YES

NO - (IF NO. FORWARD A PHOTOCOPY OF THIS REPORT TO THE SERVICING FIRE DEPT.)

15. DETAILS OF PREVIOUS CLAIMS _____

16. INSURANCE COMPANY - LEAD
INDICATE NUMBER OF INSURERS INVOLVED

NO

17. ADJUSTING FIRM & ADDRESS
ADJUSTERS NAME, TELEPHONE NO &
REPORT DATE