



INSURANCE

INCIDENT NUMBER										
LOCATION	YEAR	MONTH	DAY	HOUR	occ					
TO CHANGE A PREVIOUS REPORT, MARK APPROPRIATE BOX										
RELATED TO WILDLAND/INTERFACE FIRE										

OFFICE OF THE FIRE COMMISSIONER PO Box 9214 Stn. Prov. Govt. Victoria BC V8W 9J1					TO CHANGE A PREVIOUS REPORT, MARK APPROPRIATE BOX DELETE UPDATE									
Toll Free: 1-888-988-9488 FAX (250) 356-7699							RELATED TO WILDLAND/INTERFACE FIRE							
SELECT INCIDENT TYPE: STRUCTURE			OUTDOOR					PERSON						
LOCATION OF FIRE INCIDENT (SUITE, NUMBER, STREET)						(CITY)								
THE FOLLOWING SECTION REFERS TO INSURED	STATU	ıs:												
OWNER BUSINESS OWNER SURN. OCCUPANT BUSINESS OCCUPANT	AME I I		1 1 1	ſ		1 1	GIVE	N NAME	(S)	1 1	1 1	1 1	1 1	I
COMPANY NAME:														
ADDRESS:														
PROPERTY LOSS (\$)	CONTE	CONTENTS LOSS (\$)					TOTAL LOSS TO NEAREST DOLLAR (\$)							
PROPERTY CLAIM PAID (\$)	CONTE	CONTENTS CLAIM PAID (\$)					TOTAL	CLAIM	PAID (\$)	1	l 1	1	1	
PROPERTY VALUE AT RISK (ESTIMATE FOR INCIDENT) (\$)			CONTENTS VALUE AT RISK (ESTIMATE FOR INCIDENT) (\$)				Γ) (\$)	TOTAL	VALUE	AT RISK (I	ESTIMATE	FOR INC	DENT) (\$	\$)
PROPERTY CLASSIFICATION - PR BUILDII	SHT - BH	HT - BH INCIDENT - IN				FIRE ORK					IGIN, LEVEL - LV			
FIRE ORIGIN, AREA - OA EXTEN	T OF FIR	RE - XF	E - XF			NG OBJECT - IG			FUEL OR ENERGY - FU					
MATERIAL FIRST IGNITED - MI ACT OF	NITED - MI ACT OR OMISS			ON - AO NO. OF OCC			PANTS (AT TIME OF FIRE) TOTAL I			TAL INJUR	URIES TOTAL FATALITIES			
THE FOLLOWING SECTION REFERS TO PRODUC	T/FOUI	PMFNT I	REI ATER	TOIGN	ITION SOURCE				<u> </u>					
ITEM TYPE MAKE						SERIAL NO:					LICENSE NO:			
☐ CONFIRMED IGNITION SOURCE					SUSPECTED IGNITION SOURCE									
CLAIMS ADJUSTER NAME:				RM:				CLAIM NO.:						
INSURANCE COMPANY (OR NAME OF LEAD COMPANY)						POLICY NO.:								
REMARKS: EXPLAIN CIRCUMSTANCES UNDER WHICH FI	RE ORIO	GINATED:												
PRINT NAME OF PERSON REPORTING:				TITLE	:	TEI	LEPHONE	E: (xxx) x	xx-xxxx		REPOR ⁻	T DATE: (Y	YYY/MM/E	DD)