



INSURANCE FIRE REPORT

OFFICE OF THE FIRE COMMISSIONER
PO Box 9201 Stn. Prov. Govt.
Victoria BC V8W 9J1
Toll Free: 1-888-988-9488 FAX (250) 952-4888

Table with columns: LOCATION, YEAR, INCIDENT NUMBER (MONTH, DAY), HOUR, OCC

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

THE FOLLOWING SECTION REFERS TO INSURED STATUS:

[] OWNER [] BUSINESS OWNER SURNAME GIVEN NAME(S)
[] OCCUPANT [] BUSINESS OCCUPANT

COMPANY NAME

ADDRESS

Table with 3 columns: 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) (\$)

Table with 4 columns: 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

CLAIMS ADJUSTER
NAME FIRM CLAIM NO.:
INSURANCE COMPANY (OR NAME OF LEAD COMPANY) POLICY NO.:

REMARKS: EXPLAIN CIRCUMSTANCES UNDER WHICH FIRE ORIGINATED.

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