

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

INSURANCE FIRE REPORT

INCIDENT NUMBER					
LOCATION	YEAR	MONTH	DAY	HOUR	OCC

TO CHANGE A PREVIOUS REPORT, MARK APPROPRIATE BOX	
<input type="checkbox"/> DELETE	<input type="checkbox"/> UPDATE
<input type="checkbox"/> RELATED TO WILDLAND/INTERFACE FIRE	

SELECT INCIDENT TYPE:			
<input type="checkbox"/> STRUCTURE	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> OUTDOOR	<input type="checkbox"/> PERSON

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

THE FOLLOWING SECTION REFERS TO INSURED STATUS:

<input type="checkbox"/> OWNER	<input type="checkbox"/> BUSINESS OWNER	SURNAME	GIVEN NAME(S)
<input type="checkbox"/> OCCUPANT	<input type="checkbox"/> BUSINESS OCCUPANT		

COMPANY NAME

ADDRESS

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

<input type="checkbox"/> CONFIRMED IGNITION SOURCE	<input type="checkbox"/> SUSPECTED IGNITION SOURCE
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CLAIMS ADJUSTER NAME	FIRM	POLICY NO:

INSURANCE COMPANY (OR NAME OF LEAD COMPANY)

REMARKS: EXPLAIN CIRCUMSTANCES UNDER WHICH FIRE ORIGINATED.

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PRINT NAME OF PERSON REPORTING	TITLE	TELEPHONE (xxx) xxx-xxxx	REPORT DATE