



Office of the
Fire Commissioner



INSURANCE FIRE REPORT

OFFICE OF THE FIRE COMMISSIONER
PO Box 9214 Stn. Prov. Govt.
Victoria BC V8W 9J1
Toll Free: 1-888-988-9488 FAX (250) 356-7699

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:

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: _____

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	SERIAL NO:	LICENSE NO:
<input type="checkbox"/> CONFIRMED IGNITION SOURCE			<input type="checkbox"/> 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) / /
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