

 INSURANCE & REINSURANCE الكوت للتأمين و إعادة التأمين	<h2>CLAIM FORM</h2>	AK-GI-FM-026
		Rev.: 0 Date: 24/06/2020

FIRE INSURANCE

Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and the issuance of this form is not to be considered as an admission of liability. Kindly fill in all the blanks and give complete details of information asked. Please return this form, duly filled, sealed & signed, within 15 days, from the date of occurrence.

Policy No.					
Date & Time of loss					
Location of Loss (Complete Address of Location)					
Circumstances of loss (Brief write up as to how the fire took place and how it spread, firefighting efforts made and how finally it could be controlled)					
Your opinion about the Cause of Fire					
Estimate of Loss (Give details as per schedule)					
Sr. No.	Block Name	Building	P & M	Stocks	Packing Material
Details of Other Existing Insurances					
Name & Address of Company		Policy No.		Sum Insured	

We/ I, the undersigned confirm that above given details are true & correct to the best of my/our knowledge.

Place: _____

Signature of Policyholder: _____

Date: _____

Note: Please provide complete answers to all the above questions. Whether, Question is not applicable, please mention 'NA'. All communications should be forwarded to following address. The complaint procedure is available in below mentioned Website:

Claims Department,
 Al Koot Insurance & Reinsurance Company;
 P.J.S.C, P.O.Box 24563, Doha – Qatar,
 Telephone: +974 4040 2999
 Website www.alkoot.com.qa

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