## ATLAS INSURANCE LIMITED

## **FIRE CLAIM INTIMATION**

| Policy No.               |  |
|--------------------------|--|
| Insured name             |  |
| Contact Person           |  |
| Contact No.              |  |
| Email address            |  |
| Intrest insured          |  |
| Item affected            |  |
| Casue of loss            |  |
| Date of loss             |  |
| Location of loss         |  |
| Estimated amount of loss |  |