

PT. Asuransi MSIG Indonesia

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FIRE INSURANCE CLAIM NOTE

The Incured					
The Insured	Name	:			
	Address	:			
Policy No.		:			
nsurance Period		:			
Interest Insured / Sum(s) Insured		:			
Date and Time of a	accident	:			
Place of accident		:	:		
Chronology of the	Accident	:			
Cause of accident		:			
Property Damage		:	:		
Amount of loss and	d/or Damage				
			! D		
			ing Documents) :		
	of loss and / or [manufactured year based on fixed		
			lamage of Building and / or Machine	ery)	
	n case of loss or				
Detailed Ac	cident Report				
Survey Rep					
Photograph					
Photograph	s n Supporting Do	cume	ents		
Photograph Other Claim	n Supporting Do		ents		
Photograph Other Claim	N Supporting Do	<u>ΓΟ :</u>	ents		
Photograph Other Claim PLEASE REMIT T	HE PAYMENT	<u>ΓΟ :</u>		Yours faithfuly,	
Photograph Other Claim PLEASE REMIT T Bank Address	N Supporting Doo	<u>ΓΟ :</u>		Yours faithfuly,	
Photograph Other Claim PLEASE REMIT T Bank Address In Favour of	HE PAYMENT 1	<u>ΓΟ :</u>		Yours faithfuly,	
Photograph Other Claim PLEASE REMIT T Bank Address n Favour of Account No.	HE PAYMENT 1	<u>ΓΟ :</u>		Yours faithfuly,	
Photograph Other Claim PLEASE REMIT T Bank Address In Favour of Account No.	HE PAYMENT 1	<u>ΓΟ :</u>		Yours faithfuly,	