

Short Form - Fire Loss

Claim Number: _____

Incident Location: _____

Fire Report Made? ☐ Yes ☐ No

Agency: _____

Report Number: _____

Copy Available? ☐ Yes ☐ No

Copy Requested? ☐ Yes ☐ No

Copy Received? ☐ Yes ☐ No

1. Primary Fire Damage Indicators:

☐ Flame ☐ Smoke ☐ Heat ☐ Melting ☐ Other

If Other, specify: _____

2. Did the fire occur in or around:

☐ Engine Compartment ☐ Passenger Compartment ☐ Undercarriage

☐ Trunk Compartment ☐ Exterior Panels ☐ Building/Structure

3. Were any of the following present at the inspection scene:

☐ Flammable Containers ☐ Incendiary Devices ☐ Chemical Accelerants

4. Where was the area of greatest fire damage (hot spot) located?

☐ Engine Harness ☐ Dash Harness ☐ Lighting Harness

☐ Carburetor ☐ Distributor ☐ Fuel Lines

☐ Battery ☐ Audio Components ☐ Electric Heater

☐ Starter ☐ Spark Plug Wires ☐ Voltage Regulator

☐ A/M Add-On ☐ Fuel Tank ☐ Fuel Pump

☐ Other ☐ None ☐ Unknown

5. Did it appear that attempts were made to extinguish the fire?

☐ Yes ☐ No

6. Are there indicators of recent work done to the vehicle?

☐ Yes ☐ No

7. Is the cause of the fire obvious or confirmed?

☐ Yes ☐ No

8. Is the cause of the fire related to:

☐ Fuel ☐ Electrical ☐ Lightning ☐ Friction ☐ Mechanical Failure ☐ Other

If Other, specify: _____

9. Is there a specific component that failed and caused the fire?

10. Has the vehicle been inspected and/or diagnosed by a repair facility to confirm the cause of the fire?

☐ Yes ☐ No

Shop Name: _____

Date of Inspection: _____

Further Testing Needed? ☐ Yes ☐ No

ADDITIONAL COMMENTS:

Report By: _____

Date: _____