



*"Covering the world to prevent, control
and investigate fires and explosions."*

INSTRUCTION RECEIVED FORM

Date:	
Caller:	
Telephone No:	
Email:	
Loss Adjuster & their Reference:	
Insurance Company:	
Insured:	
Premises:	
Date & Time of Fire:	
Access Name:	
Access Tel No:	
Insurance Cover (incl Sum Insured if known):	<input type="checkbox"/> Building <input type="checkbox"/> Contents <input type="checkbox"/> Both
Any Other Relevant Information:	