

**For Fire claims' notifications, please e-mail: [anaggelies.pyros@ethnikiasfalistiki.gr](mailto:anaggelies.pyros@ethnikiasfalistiki.gr)**

## FIRE CLAIM NOTIFICATION

Fields marked with an asterisk (\*) are mandatory

Policy number*	
<b>Insured's full name / Insured company's name*</b>	
TIN*	
Contact phone number*	
E-mail*	
<b>Insurance intermediary's details</b>	
Contact phone number	
E-mail	
Risk location*	
Insured peril*	
SUM insured*	
Type of claim*	
Cause of claim*	
Date of claim*	
Estimation of the amount of claim*	
Has the police department or another public authority been notified?	
If so, which one?	
Do you hold an insurance policy with another insurance company?*	
If so, with which one?	

## BRIEF CLAIM DESCRIPTION

### NOTES

- Claims must be reported within the time limits set in the insurance policy.
- You should not repair the damage or remove damaged items until the damage has been assessed by a surveyor or you have received instructions from the company's responsible employee.

**I solemnly state that the information in this statement is complete and accurate.**

**I consent** that Ethniki Asfalistiki may share any email communication and documents relating to this claim with my insurance intermediary\*

  
YES

  
NO

(If the claim's notification is made by the insured's insurance intermediary, a statement of consent under Law 1599/1986 must be hereby attached, along with an authentication of the insured's signature via gov.gr)

The Declarant

Date

Full Name

Signature