

## Claim Form

### Burglary and Housebreaking Insurance Policy

The issue of this form does not constitute admission of liability. Please return the form completed as soon as possible together with the relevant documents etc. Any missing information can be sent subsequently.

Policy No		Claim No.	
Policy Period			
Broker/Agent Name			
1.	Name of the Insured Contact Details		
2.	State address of the premises at which the loss occurred. Name and Contact Details of Person at Site of Loss	Phone No.	
		E-mail Id	
3.	a. Date and time of loss: b. When discovered and by whom? c. How was the said premises occupied?		
4.	a. How was entry to/ exit from the premises effected? b. Which portion of the premises was affected by the entry or exit? c. Give brief details of how exactly the loss occurred. (Specify overleaf the articles stolen and property, if any, damaged).		
5.	a. Were the premises occupied at the time of loss? b. If not, on what date and at what hour were they last occupied? c. For how long have the premises been unoccupied since the policy was effected or last renewed?		
6.	Is anybody suspected of theft? If so, state full details.		
7.	a. Is the Insured the sole owner of the property lost or damaged b. Is the insured responsible for repairs to the premises		

8.	a. State the total value of property upon the premises at the time of loss. b. State the amount of fire insurance upon such property and name(s) of the Insurer .	
9.	a. Is there any other insurance against the present loss under any other policy? b. If so, give full particulars.	
10.	Have you lodged an FIR? Please enclose a copy.	

I/We hereby declare that the foregoing particulars are true and correct in every respect and if found untrue all benefits under the policy shall cease. I/WE confirm that the articles and property described belong to the person/s named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

<p><b><u>Details of Articles Stolen, Property Damaged</u></b></p>
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Date:

Place:

Signature of Insured.