



BURGLARY CLAIM FORM

(The company does not accept liability by the issue of this form)

INSURED

Name.....

Address.....

Policy No..... Tel No.....

2.

PLACE

Premises where loss or damage occurred.....

Occupied or unoccupied at the time of loss or damage.....

By whom.....

3.

MODE OF ENTRY

State how and where entry gained.....

Was there any forcible entry?.....

SUSPECT

4. Whom do you suspect is responsible for theft and/or damage?.....

5. When did you discover loss or damage of article?.....

6. State owner of stolen property.....

7. Police station at which report was made and name of police officer.....

8. Are there any insurances on the premises in respect of fire and/or burglary risks?.....

9. Give details of previous losses.....

By fire, burglary, loss or damage.....

10. Total value of contents of premises

At the time of loss.....

NOTE:- The amount to be claimed on any article must not exceed its ACTUAL INTRINSIC VALUE AT THE TIME OF LOSS OR DAMAGE

Full Description of Property Lost or Damage	Name & Address of Donor	Date of Purchase	Cost price to insured	Depreciation for age use wear & tear	Present Value or Cost of Repairs
I declare the foregoing particulars to be true in every respect to the best of my knowledge and belief and I have not withheld any information bearing on this claim				TOTAL	

Please attach receipts of purchase or damage articles or estimates for repairs where applicable.

Signature of Insured.....

Trade or Occupation.....

Date.....

Name of Company.....