

## BURGLARY CLAIMS FORM

## PLEASE FILL FORMS IN 'CAPITAL LETTERS'

Certificate No.

Date

         

Policy No.

The Company does not admit liability by the issuance of the form

## Policy Holder's Details

Name

Surname

Middle Name

First Name

Address

Date of payment of the last premium

         

Last Premium

Business or occupation

Telephone

## LOSS DETAILS

## 1. PLEASE GIVE THE FOLLOWING INFORMATION ABOUT THE LOSS:

(a) When did it happen? At

am /

pm

on

         

(b) Where did it happen?

(c) How did it happen?

## 2. Please give the following details about your premises:

(a) How did the burglar gain entry?

(b) Was the building occupied at the time?

(c) If not, when was it last occupied?

(d) The longest period of occupancy since renewal?

## 3. PLEASE GIVE THE ESTIMATED TOTAL VALUE OF THE CONTENTS OF THE PREMISES AT THE TIME OF THE LOSS:

N

Amount in words

## 4. HAVE YOU INFORMED THE POLICE?

Yes

No

Which Police Station?

5. Are you insured under any other policy for this loss?

Yes

No

If yes, please give the names(S) of the insurer(s)



## Declaration

I/We

declare that the foregoing answers are true and complete.

I/We hereby claim for the loss or damage as set out on the reverse of this form.

         

Date Insured

Signature

