



BURGLARY INSURANCE CLAIM FORM

Policy No:

Claim No:

1. INSURED

(a) Name :

(b) Address :

2. DETAILS OF INSURANCE

Name of Insur:

Policy No(s):

Sum Insured :

Period of Insurance:

N.B. If Insurance is effected with other Companies, copies of such policies to be attached.

3. DETAILS OF LOSS

(a) Time & Date of Loss/damage :

(b) Causes of Loss :

(c) Details of affected (items) :

(d) Has the Loss been reported to any Police Authority ?:

4. EXTENT OF LOSS :

We hereby declare that the statements made by us in the claim form are true to the best of our knowledge and belief and that we have not withheld any material information which has a bearing upon the claim.

Place :

Date:

Signature of the Claimant

(The issue of this form does not constitute admission of liability).