

Burglary Claim Form

Policy No: _____

1. Insured's name and address	
2. Business Address Occupation	Telephone No.
3. Address of premises where theft occurred (State whether private house, sale-shop, flat, hotel, etc, or outbuilding thereof.	
4. (a) Date and time of theft (b) When discovered, and by whom	(a) (b)
5. If the premises were forcibly entered, state how the entrance was effected.	
6. When were the Police notified and at what Station?	
7. If the premises were not forcibly entered, what evidence is there of theft having been committed?	
8. Has a thorough search been made for the articles stolen?	
9. (a) Were the premises occupied at the time of theft? (b) If not, on what date and at what hour were they last occupied? (b) For how long have the premises been unoccupied since the policy was effected or last renewed?	(a) (b) (c)
10. What steps have you taken to prevent a recurrence	
11. Are you (a) owner of the premises? (b) responsible for repairs?	(a) (b)
12. Have you ever before sustained loss by theft? (If so, please state particulars)	
13. Are you insured against the present loss under any other policy, eg., All Risks, Passengers' Baggage, Motor Car, Golfers, etc.? If so, please give name of Insurers	

PLEASE COMPLETE REVERSE SIDE OF THIS FORM

I/We declare that all statements made on this form are true to the best of my/our knowledge and belief and that the articles and property described belong to the persons named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

Date _____

Signature of Insured _____

