

BURGLARY CLAIM FORM



WeAlwaysStandByYou

CLAIM DETAILS

- 1. Address of Premises in which theft was committed. _____
- 2. State date and time the theft occurred _____
- 3. State how entrance was affected _____
- 4. If the premises were unoccupied state or how long it was left unoccupied _____

- 5. State from which room the articles were taken _____
- 6. When was the loss first discovered _____
- 7. Have Police been advised of the loss? At which station _____
- 8. At what figure would you value the total contents of your premises at the time of the theft ? _____

- 9. Sum Insured of Burglary Insurance Policy _____
- 10. Are there any other insurances against theft _____

INSTRUCTION

I hereby declare that the property mentioned overleaf belonging to me and insured under the above Policy was stolen and that in the consequence of such theft claim is hereby made for the sums severally stated within; and I further declare that no other person except _____ has any interest in the said property

Signature of Claimant : _____ Date : _____