

Burglary Claim Form

The Claimant			
Name of the insured			
Address			
Occupation			
Policy Number		Telephone Nos.	
E-mail Address			
Agency			
1. Give the address of the premises that has suffered the loss.			
2. State the date and time the theft occurred?			
3. When was the loss discovered and by whom?			
4. Describe fully how the thieves broke into the premises, stating which doors, windows, or part of roof forced.			
5. Are you the sole occupier of the premises? If not, give the names of the other occupants?			
6. Were the premises occupied at the time of loss? If not, when were they last occupied?			
7. Are you the sole owner of the property stolen or damaged? If not, give full details of ownership.			
8. Give the total value of property in the premises at the time of loss including ownership details:			
9. Has the loss been reported to Police? If yes give the following details:			
(a) Date the Police were advised.			
(b) Name of Police Station.			
(c) Police Report (attach if available).			
(d) Any arrests if made.			
(e) Any recoveries if made.			
10. Do you have any suspects? If so, give details.			
11. Are there other insurances on the same property? If so give details.			
12. Have you previously sustained any burglary or theft loss? If so, explain whether a claim was made giving the name of the Company or Underwriters, date, nature of loss and amount paid.			

Please Complete Statement of Claim Overleaf

The policy is a contract of INDEMNITY and subject to the Sums Insured under all claims must be based upon, the actual value of the insured property at the time of the Loss, or damage (allowing for any depreciation, wear and tear), unless the basis of claim settlement as defined in the policy, or clause(s) incorporated therein permits or stipulates otherwise.

If articles can be repaired, repairers' estimates should be provided. Salvage must be protected from deterioration until the claim is settled.

Description of property damaged, stolen or lost.	Approximate date of purchase	Amount Paid	Value before loss or damage (allowing for wear and tear and depreciation)	Amount Claimed (Allowing for Salvage)
Total Claim				

I/We declare that, to the best of my/our knowledge and belief, these statements are true.

Date:..... Signature of Insured.....