

BURGLARY CLAIM FORM

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

(Please use block capitals and do not leave blanks or answer a question with a dash)

Policy No.: _____ Claim No.: _____

Insured: _____ Phone No.: _____

Address: _____

Email Address: _____

1. Date of Loss _____ Time _____ a.m/p.m.
mm/dd/yy

2. Address of Premises involved _____

3. Give details of how entry to the Premises was effected _____

4. Has damage to the Premises been sustained? YES NO
If 'YES', please give details in appropriate space overleaf

5. Were the Premises occupied at the time of the loss? YES NO
If 'No', on what date and at what hour were the Premises last occupied

6. Do you suspect any particular person? YES NO
If 'YES', whom? _____

7. Have you notified the Police? YES NO
If 'YES', please state

Date of Notification _____ Which Station _____
mm/dd/yy

If 'NO', please explain why _____

8. Are you the sole owner of the Property damaged or stolen? YES NO
If 'NO', please give name and address of owner

9. Is there any other insurance against this Loss? YES NO
If 'YES', please give name and address of other Insurers

10. State the value of the total contents at your Premises at the time of loss: \$ _____

11. For what sum is the total contents insured under your Fire Policy? \$ _____

12. Give the name and address of your Fire Insurers

13. Have you previously sustained loss by burglary or theft? YES NO
If 'YES', please give brief particulars

THE DETAILS REQUIRED OVERLEAF MUST BE GIVEN

