



THEFT/BURGLARY CLAIM FORM

This Form should be completed and returned within **seven days** of its receipt by the Insured.

Branch/Agent/Broker:		Claim Number	
		Policy Number:	
1. Name of Insured in full:		Email Address:	
Home Address:		Telephone Number:	
Business Address:		Telephone Number:	
Occupation/Type of Business:		Fax Number:	
2. Location of the premises where the burglary/theft occurred			
3. What means were used to secure the premises?			
4. Were the premises occupied at the time?			
5. If not, what date and time were they last occupied			
6. Have the premises been left unoccupied at any time during the past year? If yes, for how long?			
7. On what date and time did the loss occur?			
8. When was the burglary/theft discovered? Please state date and time.			
9. Who discovered the burglary/theft?			
10. Describe means by which entry was obtained and state what doors or windows were forced.			
11. Do your suspicions rest upon anyone, and if so, whom?			
12. When was the burglary reported to the police, to whom was the report made and what is the location of the police station.			
13. Are you the sole owner of the property stolen or damaged? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please tick relevant box)		If no, give name of owner.	
14. Are there any other insurances against theft upon the same property? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please tick relevant box) If yes, who is the insurer?		15. What was the value of the total contents of your premises at the time of the loss? \$_____	
16. Have you ever before sustained loss by fire, burglary, housebreaking or larceny? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please tick relevant box)		17. Was a claim made upon any company or underwriters? Yes <input type="checkbox"/> No <input type="checkbox"/>	
18. If yes to question 17, give name(s) of insurer(s), date, nature of loss and amount paid.			

I/We HEREBY WARRANT that the foregoing statements are true to the best of my/our knowledge and belief.

Signature: _____ Date: _____

OUTLINE OF CLAIM

Full description of articles lost, stolen or damaged	Owner of articles	From whom obtained (Name and Address	Date Purchased or acquired	Purchased Price	Deduction for age, use or wear and Tear	Sum Claimed	Remarks
Kindly ensure that the respective columns for each article claimed are duly completed.							