

## BURGLARY CLAIM FORM

Branch  Policy No.:  Expiry Date  Claim No.:

1. Insured's Name  Telephone No.:   
Insured's Address

2. Address of premises, or place, where loss or damage occurred.   
(if lost from premises state whether private house, flat, hotel, sale-shop, etc.)

3. Full particulars of circumstances of the loss or damage.

4. a. Date and time when loss or damage was discovered Date  Time   
b. By whom discovered?   
c. Date and time when article(s) last seen? Date  Time   
d. By whom last seen, and where?

5. When was the Policy notified, and at what station?

6. Has a thorough search been made for the article(s)?  Yes  No

7. Has the loss been advertised?  Yes  No

8. Have you ever before sustained -  Yes  No  
(a) Loss by theft?  Yes  No  
(b) Loss of, or damage to, any article of value from any other causes?  Yes  No  
If so, please state particulars

9. (a) Is the property for which you are claiming insured against Burglary, Theft, Loss or damage to, any other Insurer or Underwriter  Yes  No  
(b) If so, state particulars   
(c) Has any other person any interest in the property, as Owner, Mortgagee, Trustee or Otherwise?

