

# Burglary Claims Form

Please fill form in 'capital letters'

Date  /  /

Certificate No.

Policy No.

**The company does not admit liability by the issuance of this form**

**▼ Policy Holder's Details**

Name

Address

Date of Payment of Last Premium  /  /  Last premium N

Business or Occupation  Telephone

**▼ Loss Details**

**1. Please give the following information about the loss:**

(a) When did it happen? At  :  a.m. /  :  p.m. on  /  /

(b) Where did it happen?

(c) How did it happen?

**2. Please give the following about your premises:**

(a) How did the burglar gain entry?

(b) Was the building occupied at the time?

(c) The longest period of unoccupancy since renewal?

if not, when were they last occupied?

**3. Please give the estimated total value of the contents of the premises at the time of the Loss**

N  Amount in words

**4. Have you informed the Police?**  Yes  No

Which Police Station?

**5. Are you insured under any other policy for this loss?**  Yes  No

If so, please give the name(s) of insurers

**▼ Declaration**

I/We  declare that the foregoing answers are true and complete.

I/We hereby claim for the loss or damage as set out on the reverse of this form.

Date Insured  /  /

Signature

Burglary Claims Form - Asset Register

Description of the property for which the claim is made	Date of purchase or manufacturer	Cost/price Less discounts	Deduction for age, use and wear and tear	Amount claimed

Total N