

BURGLARY CLAIM FORM

(The issuance of this form does not imply admission of liability.)

CLAIM NO: _____

POLICY NO: _____

Details of Insured:	
1. Name	
2. Address	
Telephone No./Mobile No.	
3. Occupation	
Details of the premises where the burglary has occurred:	
1. Address, if different than Stated above	
2. Was the premises used for : residential purpose or commercial purpose	
3. Whether the premises was : occupied at the time of loss If not, when was it last occupied	
4. Are you the sole owner of : (a). The property lost or damaged: (b). The premises.	
5. Are you responsible for repair of the premises.	
6. State the total value of property : upon the premises at the time of loss.	
7. Details of security arrangement During & outside business hours	
Details of the loss:	
1. Date & Time of loss :	
2. When discovered & by whom	

