

Policy No. \_\_\_\_\_  
Period From \_\_\_\_\_ To \_\_\_\_\_  
Claim No. \_\_\_\_\_  
D.O./Branch/Unit \_\_\_\_\_

**BURGLARY INSURANCE CLAIM FORM**  
**ANSWER ALL QUESTIONS FULLY**

1. Name of Insured (in full)
2. Address
3. Occupation
4. a. Full Address of Premises broken into  
b. The day / date & hour when the premises were broken into  
c. How the entrance & exit was effected ?  
d. Which rooms were entered ?
5. a. Whether the premises were inhabited at the time of the Burglary ?  
b. If not, for what periods have they been uninhabited since the last premium was due ?
6. When did you inform the Police Authorities of the theft and at which Police Station ?
7. Whether you are the sole owner of the property stolen ?
8. State the estimated value of the total contents of the premises at the time of the Burglary.
9. For what sum you insure the contents against Fire and with which company ?  
Rs. \_\_\_\_\_/- \_\_\_\_\_ Insurance Co. Policy No. \_\_\_\_\_
10. Are there any other insurance against Burglary upon the same property ? If so give full particulars.  
Rs. \_\_\_\_\_ In the \_\_\_\_\_ Insurance Co. Policy No. \_\_\_\_\_
11. Have you ever before sustained loss by fire or Burglary ? If so Give particulars.

SR. No.	Full Description of the Stolen article/s	Name & Address of the Party who had sold or presented the item/s	Dt. Of purchase / presented	Price Paid Rs.	Deduction for age/use/wear-tear -Rs.	Sum Caim ed for present Value Rs.	Remarks

**TOTAL Rs.** \_\_\_\_\_/-

I/We the above named being insured under the above Policy do hereby declare and state that at or about \_\_\_\_\_ O'clock a.m. /p.m. on the \_\_\_\_\_ 20\_\_\_\_\_ a theft was committed at above described premises in the manner stated and articles enumerated in the within list and valued at sum of Rs. \_\_\_\_\_ were stolen therefrom and I/We further declare that no other person has any interest in the said property, as Owner Mortgagee, Trustee of otherwise, and that it is not otherwise insured against Burglary, with this or any other Office, except as above stated.

**Date-**     /     / 200 . **Place -**

**Signature of Insured**

**Witness :-** (Signature) \_\_\_\_\_  
 Witness's Name \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Address \_\_\_\_\_