

# Claim Form

## Loss Burglary

Claim No.....

Policy No.....

USE THIS FORM FOR CLAIMS UNDER ALL RISKS, BAGGAGE, BURGLARY & PLATE GLASS POLICIES

This issue by the Company of this form is not to be taken as an admission of liability. The form should be completed and returned to the Company within seven (7) days of its receipt by the insured.

**PLEASE ANSWER ALL QUESTIONS AS FULLY AS POSSIBLE**

Name of Insured (in full)..... Tel No.....	
Private Address.....	
Business Address.....	
1. (a) State whether property was lost stolen, or damaged. (b) When & where was the property last seen by you?	(a) ..... (b) Date ...../...../..... Time..... Location.....
2. (a) State how the loss, theft, or damage was discovered.  (b) Approximate Time  (c) Actual Date	(a) ..... (b) ..... (c) .....
3. State fully the circumstances under which the loss, theft, or damage occurred. If theft, how was entry gained.	
4. (a) Give the date if the police were advised and the location of the station.  (b) State what other steps have been taken to recover the missing articles, e.g. advertising, etc.	(a) ..... (b) .....
5. Were there any other insurances in force covering the property at the time of the loss? If so, give particulars and name of Company.	

<p>6. Were all articles your own property? If not, give names of all other parties and their interests.</p>	
<p>7. If the loss occurred from your own premises and the premises were unoccupied, state when vacated.</p>	
<p>8. (a) Have you previously sustained any Theft, loss or damage to property?</p> <p>(b) If so, was a claim made upon any Insurer? Name of Insurer, nature of any loss, date and amount paid should be recorded.</p>	<p>(a) .....</p> <p>(b) .....</p>
<p>I hereby warrant the truth of the foregoing statements, and the particulars on page 2 hereof and I make this solemn declaration conscientiously believing the same to be true.</p> <p>Date..... Signature of Insured.....</p> <p>Broker.....</p>	

