



BURGLARY CLAIM FORM

(a) Policy Number..... Claim Number

(b) Where did it happen? 0 .

(c) How did it happen? 0
0 .
0 ..

0
0 0

(d) Do you suspect any person in connection therewith? 0 0 0 0 0 0 0 0 0 0 0 0 .

1. Please give the following information about your premises:

(a) How did they enter? 0

(b) Were they occupied at the time? 0 .

If not, when were they last occupied? 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 ..

(c) The longest period of unoccupancy since renewal? 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

2. Have you ever made a claim from any insurer for loss by theft or Burglary? 0 0 0 0 ..

(a) State the location of claim 0 .

(b) Circumstance of loss 0 ..
0
0 0

(c) Amount of claim paid 0 ..

4. Please give the estimate total value of the contents of your premises at the time of the loss 0 ..

5. Have you informed the police? 0

(a) Address of the Police Station 0 ..

