

BURGLARY CLAIM FORM

(a) Policy Number	Claim Number
(b) Where did it happen?õ õ õ õ õ õ õ õ õ õ õ	$\tilde{0}\ \tilde{0}\ \tilde$
(c) How did it happen? \tilde{o}	$\tilde{0} \; \tilde{0} \; \mathbf{$
$\tilde{0}\ \tilde{0}\ \tilde$	$\tilde{0}\ \tilde{0}\ \tilde$
$\tilde{0}\ \tilde{0}\ \tilde{0}$	$\tilde{0} \ \tilde{0} \ \mathbf{$
$\tilde{0} \ \tilde{0} \ $	$\tilde{0}$
$\tilde{0} \ \tilde{0} \ $	$\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}$
(d) Do you suspect any person in connection the	erewith?õõõõõõõõõõõõõõõ.
Please give the following information about your	r premises:
(a) How did they enter?õ õ õ õ õ õ õ õ õ õ õ õ	$\tilde{0} \ \tilde{0} \ $
(b) Were they occupied at the time? $\tilde{\text{o}}~\tilde{\text{o}}~\tilde{\text{o}}~\tilde{\text{o}}$	$\tilde{0}\ \tilde{0}\ \tilde$
If not, when were they last occupied?õ õ õ	$\tilde{0}\ \tilde{0}\ \tilde$
(c) The longest period of unoccupancy since rer	newal?õõõõõõõõõõõõõõõ
Have you ever made a claim from any insurer for	or loss by theft or Burglary?õ õ õ õ
(a) State the location of claim $\tilde{\rm o}$ $\tilde{\rm o}$ $\tilde{\rm o}$ $\tilde{\rm o}$ $\tilde{\rm o}$ $\tilde{\rm o}$	$\tilde{0} \; \tilde{0} \; \mathbf{$
(b) Circumstance of lossõ õ õ õ õ õ õ õ õ õ õ	$\tilde{0}$
$\tilde{0}\ \tilde{0}\ \tilde{0}$	$\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}$
$\tilde{0}\ \tilde{0}\ \tilde{0}$	$\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}\;\tilde{0}$
(c) Amount of claim paidõ õ õ õ õ õ õ õ õ õ õ	\tilde{O}
Please give the estimate total value of the conte	ents of your premises at the time of the
lossõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ	$\tilde{\mathfrak{o}}$
Have you informed the police?õ õ õ õ õ õ õ õ	$\tilde{o}\;\tilde{o}\;\tilde{o}\;\tilde{o}\;\tilde{o}\;\tilde{o}\;\tilde{o}\;\tilde{o}\;$
(a) Address of the Police Stationõ õ õ õ õ õ õ	$\tilde{0}\ \tilde{0}\ \tilde$

1.

2.

4.

5.

6.	Are you under any other policy for the loss? \tilde{o}			
	If so, please give the insurers $\tilde{0}$ 0			
	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 undernoted schedule.			
	Dateõ õ õ õ õ õ õ õ õ õ õ õ õ õ . Signatureõ õ õ õ õ õ õ õ õ õ õ õ õ õ .			

DESCRIPTION OF THE PROPERTY FOR WHICH CLAIM IS MADE	DATE OF PURCHASE OR MANUFAC- TURE	COST PRICE LESS DISCOUNT	DEDUCTION FOR AGE, USE AND WEAR AND TEAR	AMOUNT CLAIMED