



## CLAIM FORM BURGLARY INSURANCE

ISSUANCE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

### Important Instructions

- Claim Form to be filled in capital letters and signed by the Insured.
- Please submit the documents as mentioned at the end of this form\*.
- Please do not leave any column unanswered. Mention "N/A", if not applicable.
- Take all reasonable precautions to prevent / reduce further loss, damage or liability.
- Preserve any damaged or defective property or parts for inspection by the surveyor.
- Hold liable in writing any third parties believed to have caused loss / damage.
- If any detail or information is not readily available, please do not delay the dispatch of this form.

Policy Number  -  -  -  -  -   
Period of Insurance  /  /  to  /  /   
Claim Number

### A. DETAILS OF INSURED/CLAIMANT

Name as per policy   
Address   
City  State  Pin Code   
Contact Number : Phone STD Code  No.  Mobile + 9 1   
E-mail ID

Brief Description of Business / Office / Industry / Occupation

### B. DETAILS OF LOSS / ACCIDENT

- a) Date of Loss  /  /  b) Time of Loss  :  A.M. / P.M.

c) Reasons for delay in reporting the claim, if any \_\_\_\_\_
- Loss Location

Address   
City  State  Pin Code
- Describe Nature and Cause of Loss / Damage \_\_\_\_\_
- Estimated loss Rs. Building \_\_\_\_\_ Stock \_\_\_\_\_ F&F \_\_\_\_\_ Cash & Currency \_\_\_\_\_ Others \_\_\_\_\_
- a) Was theft of property after actual forcible and violent entry into the premises? ☐ (Yes)\* ☐ (No)

b) Was theft of property after actual forcible and violent exit from the premises? ☐ (Yes)\* ☐ (No)

c) Was there any 'hold-up'? ☐ (Yes)\* ☐ (No)

d) Was any portion of the premises damaged? ☐ (Yes)\* ☐ (No)

e) Was there any loss of cash from a secured safe? ☐ (Yes)\* ☐ (No)

f) Who had the keys to the safe or any duplicate thereof at the time of loss? \_\_\_\_\_

g) Was the loss discovered at the time of stock taking / checking? ☐ (Yes)\* ☐ (No)

\*Please provide details \_\_\_\_\_

6. Is there any prospect of recovery? ☐ (Yes) ☐ (No)

If 'Yes', please attach details of correspondence exchange of the liable parties

### WITNESS DETAILS (Please attached statement of witnesses)

Were there any witnesses to the loss / accident? ☐ (Yes) ☐ (No), If 'Yes', Name of Person(s)

1. \_\_\_\_\_ Phone No. \_\_\_\_\_

2. \_\_\_\_\_ Phone No. \_\_\_\_\_



### INFORMATION TO AUTHORITY

Has the loss been reported to an Authority? ☐ Fire Brigade ☐ Police ☐ Municipality ☐ Labour Authority ☐ Others  
If 'Yes', date reported \_\_\_\_\_ No. \_\_\_\_\_ (Please attach copies of correspondence exchanged with the authorities)  
If 'No', reason for not reporting \_\_\_\_\_

### C. DETAILS OF OTHER INSURANCE

Is the loss/damage covered under any other Insurance ☐ (Yes) ☐ (No), If 'Yes', specify details and attach a copy of the policy

Name of the Insurer \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Policy Type \_\_\_\_\_  
Period of Insurance dd / mm / yyyy to dd / mm / yyyy  
Sum Insured (Rs.) \_\_\_\_\_

### D. DETAILS OF OTHER INTEREST

Is the Insured the Sole Owner of the property? ☐ (Yes) ☐ (No), If 'No', specify

Nature of Interest \_\_\_\_\_  
Person/s who has/have interest on property \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_  
Phone STD Code \_\_\_\_\_ No. \_\_\_\_\_ Mobile + 9 1 \_\_\_\_\_  
E-mail ID \_\_\_\_\_

### E. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Nature and Cause of Loss	Value of Loss (Rs.)	Insurer

### F. DETAILS OF OTHER INFORMATION

Please provide any other relevant information pertaining to this property and incidence.

I/We, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

I/We, undertake to refund the amount claimed to the event of all or any of the lost items being recovered.

I/We, undertake to take all practicable steps to apprehend the guilty person(s) and to recover the property lost.

Place : \_\_\_\_\_  
Date : dd / mm / yyyy

Signature : \_\_\_\_\_  
Name of Insured / Claimant : \_\_\_\_\_

### \* INDICATIVE LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

1. Claim Form
2. First Information Report and Final Police Report
3. Books of Accounts and Inventory Register
4. A list of all stolen and damaged items along with its intrinsic value and amount damage sustained
5. Letter of Indemnity
6. No Objection Certificate from the financier if claim is to be settled in your favour
7. Claim Bill with supporting documents (Original Repair / Replacement Bills)

\* Additional documents required by insurer if any, will be intimated to you as and when required