

# BURGLARY CLAIM FORM



Royal Sundaram

Issuing office : \_\_\_\_\_ Date of Issue : \_\_\_\_\_ Claim No : \_\_\_\_\_

**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**

Please ensure that all questions are answered in capital letters using an ink pen

Policy Number	<input type="text"/>	Certificate Number	<input type="text"/>
Card Number/ Account Number	<input type="text"/>	Name of the Bank/ Corporate Partne	<input type="text"/>

## 1. INSURANCE DETAILS

Name of the Insured

Address for Correspondence  
(with Pin Code)

Telephone Daytime / Mobile No.

STD Code :

Telephone Evening

STD Code :

E-Mail ID

## 2. DETAILS OF THE LOSS

Date of Loss

(DD/MM/YY)

Time of Loss

(AM/PM)

Place of Loss

Circumstances of burglary

Was the burglary reported to the Police ? Yes ☐ No ☐

If 'yes', please give the address of the Police Station

If 'no', please give reasons why

First Information Report No.

### 3. DETAILS OF PROPERTY CLAIMED FOR

Full Description	Price Paid	Date of Purchase	Sum claimed for Present Value

Are you the sole owner of the property stolen ?

Yes ☐

No ☐

If no, give full details of ownership  
hypothecation, hire purchase or lease details

Has any claim been reported in the past on the  
same property during the current policy period ?

Yes ☐

No ☐

If 'yes', please give full details

### 4. DETAILS OF OTHER INSURANCE COVERING THE LOST PROPERTY

Sum Insured In (Rs.)	Period of Insurance	Claim No.

Has a claim been reported to any other  
Insurer in respect of this accident ?

Yes ☐

No ☐

If 'yes', please give full details

Have you ever before sustained loss by fire or  
burglary ? If so give details

### 5. DECLARATION

I/We, do hereby declare that at or about ..... 0'clock a.m./p.m. on the ..... day of..... 200 ..... a burglary was committed at the above premises in the manner stated and the articles listed above were stolen. I/We declare that no other person has any interest in the said property, whether as Owners, Mortgagees, Trustees or otherwise, and that these items are not otherwise insured against Burglary, with this or any other Office, except as above stated.

Witness my hands this.....day of..... 200.....

Witness.....

Occupation.....

Signature of Insured .....

Address.....

Please check that all questions have been completed in full and the form signed and dated

Please enclose

☐

First Information report from the Police

☐

Final Investigation or Non Traceable Report from the Police

☐

Proof of value of lost articles, if available

Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097. Registered Office: 21, Patullos Road, Chennai - 600 002.  
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