

SHRIRAM GENERAL INSURANCE COMPANY LTD.

BURGLARY CLAIM FORM

Claim No.

A. INSURED

1	Name	:	
2	Address	:	
3	Occupation	:	
4.	Policy No.	:	
5.	Period of Insurance	:	From To
6	Telephone Number	:	
7	E-mail	:	

B. DETAILS OF THE PREMISES WHERE LOSS HAS OCCURRED

1.	Address	:	
	City	:	Pin Code:
2.	What was the premise used for?	:	
3.	How were the entry to/exit from the premises affected?	:	
4.	Which portion of the premises was affected by the entry or exit?	:	
5.	Whether the premises was occupied at the time of loss. If not, at what date and time was	:	

	it last occupied?	
6.	Are you the sole owner of:	
	a. The property lost or damaged?	:
	b. The premises?	:
7.	Are you responsible for repair of the premises?	:
8.	State the total value of property upon the premises at the time of loss.	:
9.	State the amount of Fire Insurance upon such property and name & address of the Insurers	:

C. DETAILS OF THE LOSS:

1.	Date & Time of Loss.	
2.	When discovered & by whom?	
3.	Give brief details of how exactly the loss occurred. (Specify overleaf the articles stolen and property damaged, if any).	
5.	Has a complaint been lodged with the Police station?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, by whom, when & at which	

	Police station? (Attach a copy of the police report).	
	If not, this may be done immediately.	
6.	Details of loss under Purchase Protection Rider	
7.	Details of loss under Fidelity Guarantee	
a.	Employee's Name	
b.	Quantum of Loss	
c.	Type of loss	
d.	Action taken on the employee	
e.	Initiatives taken for recovery	

D. DETAIL OF OTHER INSURANCES

	Give details of other Insurance's, if any, covering the present loss.	
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E. DETAILS OF PREVIOUS LOSSES

	Give details of Previous losses, if any, on the affected property.	
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I/We hereby declare that the foregoing particulars are true and correct in every respect and that the articles or properties described herein belong to me/us, with no other person having any interest therein, whether as Owner, Mortgage, Trustee or otherwise.

Place:

Date:

Signature of the Insured