



SRIC

Ensuring your tomorrow, today.

BURGLARY CLAIM FORM

This form must be completed and returned immediately and in any event within seven days of its receipt by the insured.

PARTICULARS OF CLAIM

FAILURE TO FULLY ANSWER ALL QUESTIONS MAY PREJUDICE ANY CLAIM

Claim No.

Policy No.

Date Last Premium Paid

DD / MM / YYYY

Full Name of insured

Full Address of premises where theft took place

Tel. No.

Business Address

Tel. No.

Email Address

1 On what date and between what hours were your premises broken into?

2 a. On what date and hour was the robbery discovered and by whom? How?

a.

b. Are any watchmen employed? Number?

b.

3 Which rooms were rifled?

4 Describe means by which entry was obtained and state what doors or windows were forced/broken.

a.

a. From outside into premises

b.

b. From Room to room

5 Were the premises occupied at the time? By whom? Occupation? If not, upon what date and at what hour were they last occupied? By whom? Occupation?

6 Do your suspicions rest upon anyone, and if so, whom? Why?

7 Give date the police were advised, name of police station and name/No. of Constable. (The police must be advised promptly in all cases)

8 Are you the sole owner of the property stolen or damaged? If not, give name of owner(s) and details of his/their interests.

9 Are there any other insurances against theft upon the same property? If so, state name and address of insurer and Policy No.

10 What was the total value of all the contents of your premises at the time of the loss?

11 Have you ever before sustained loss by fire, burglary, housebreaking or larceny? Was a claim made upon any Company or underwriters? If so, give name, date, nature of loss and amount paid.

