## **Claim form Burglary**

## Claim No. :

Policy No: \_\_\_\_\_

Oc	cupation:
a.	Full address of the premises broken into
Э.	The day and hour the premised were broken into
с.	How the entrance was effected?
d.	Which rooms were entered?
a.	Whether the premises were inhabited at the time of the burglary?
).	If not, for what periods have they been uninhabited since the last due?

6. When did you inform the police authorities of the theft and at which station?

	her you are the sole owner of the property stolen?
 State Burgla 	the estimated value of the total contents of the premises at the tiary.
For wi	hat sum you insure the contents against Fire and with which company

I/We the above named being insured under the above policy do hereby declare and set forth that at or about \_\_\_\_\_O'clock a.m/p.m on the //// A theft was committed at the above described premises in the manner stated and the articles enumerated in the within list and valued at sum of Rs. \_\_\_\_\_ were stolen therefrom and I/We further declare that no other person has any interest in the said property, as Owner, Mortgage, Trustee or otherwise, and that is not otherwise insured against Burglary, with this or any other office except as above stated.

Witness:

Occupation:

Address:

Signature of the Insured