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# **BURGLARY INSURANCE POLICY**

## **Claim Form**

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

If any detail or information is not readily available please do not delay the dispatch of this form and such particulars may be sent later.

Pol	licy No.	Claim No.	
Per	riod of Insurance From	D M M Y Y Y Y To D D M M Y Y Y	
	A. DETAILS OF INSURED/C	CLAIMANT	
1.	Name as per Policy	S        U        R        N        A        M        E        M        I        D        D        L        E        N        A        M        E        F        I        R        S        T        N        A        M        E	
2.	Address	Plot No/Door No.	
		Road Area	
		City Pincode	
		State	
3.	Contact Details	Phone No.        Mobile	
		E-mail Id	
4.	Brief Description of Business		
	/Office/Industry/Occupation	l	
5.	Limits of Indemnity under the Policy (Rs.)		
	B. DETAILS OF LOSS/ACCIE	DENT	
1.	Date of Loss	D      M      M      Y      Y      Y        Time of Loss      :      a.m./p.m.	
	Date of Loss Loss Location Address	D        D        M        Y        Y        Y        Time of Loss        :        a.m./p.m.          Plot No/Door No.        Image: Construction of the second sec	
		Plot No/Door No.	
		Plot No/Door No.    Building Name      Road    Area	
2.		Plot No/Door No.    Building Name      Road    Area      City    Pincode      State    Image: State	
2.	Loss Location Address	Plot No/Door No.    Building Name      Road    Area      City    Pincode      State    Image: State	
2.	Loss Location Address Contact Details of person/s	Plot No/Door No.   Road   City   State	
2.	Loss Location Address Contact Details of person/s Name	Plot No/Door No.   Road   City   State	
2.	Loss Location Address Contact Details of person/s Name Relationship with Insured	Plot No/Door No.       Building Name	
2.	Loss Location Address Contact Details of person/s Name Relationship with Insured Contact Details Describe Cause of	Plot No/Door No.       Building Name	
2.	Loss Location Address Contact Details of person/s Name Relationship with Insured Contact Details	Plot No/Door No.       Building Name	
2.	Loss Location Address Contact Details of person/s Name Relationship with Insured Contact Details Describe Cause of	Plot No/Door No.       Building Name	

# WITNESS DETAILS

1.	Were there any witnesses to	the los	s/acci	ident	?													Ye	s		No	)						
	If 'Yes',																											
2.	Name as Person/s	SU	JR	Ν	А	Μ	Ε			Μ	I	D	D	L	E N	AN	ΛE			F		R	S	Т	Ν	А	Μ	Ε
3.	Address	Plot N	lo/Do	or N	o. [										Buildin	g Narr	ne											
		Road													Area													
		City													Pincod	е												
		State																										
4.	Contact Details	Phone	∍ No.												Mobile													
		E-mai	l Id																									
INF	ORMATION TO AUTHORIT	ΓY																										
1.	Has the loss been reported t	o an A	uthor	ity?														Ye	es		No	)						
	If 'No', reason for not reporting																											
	If 'Yes', provide details		Fire			] Pol	ice			N	lunio	cipal	ity		Other													
2.	Name of Authority																											
3.	Information Report No./ Authority Reference No.													]	Date	D	D N	M	Y	Y	Y	Y	I					
4.	Contact Person/s	SL	JR	Ν	A	Μ	Е			Μ	I	D	D	L	E N	AN	ΛE			F		R	S	Т	Ν	A	Μ	Е
5.	Address	Plot N	lo/Do	or N	o. [										Buildin	g Narr	ne											
		Road													Area													
		City													Pincod	е												
		State																										
6.	Contact Details	Phone	∍ No.												Mobile													
		E-mai	IId																									
	C. DETAILS OF OTHER INS	URAN	CE																									
1.	Is the loss/damage covered u	under o	ny ot	her l	nsure	ance	?											Ye	s		No	1						
	If 'Yes', specify details and attach a copy of the policy																											
2.	Name of Insurer																											
3.	Address	Plot N	lo/Do	or No	o. [										Buildin	g Narr	e											
		Road													Area													
		City													Pincod	e												
		State																										
4.	Contact Details	Phone	» No.												Mobile													
		E-mai	I Id		I	<b>I</b>					I		<b>I</b>							·								
5.	Policy No.														]													
	Period of Insurance	From	D	D	Μ	Μ	Y	Y	Y	Y	]		-	Го		M	M	ΥY	Y	Y	]							
	Sum Insured (Rs.)														]						-							
		L			-			-							-													

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D.	DETAILS	OF (	OTHER	INTEREST

Ι.	Is the Insured the Sole Own	er of the property?												
	If 'No', specify													
2.	Nature of Interest													
3.	Person/s who has/have interest on property													
4.	Address	Plot No/Door No.												
		Road Area												
		City Pincode												
		State												
5.	Contact Details	Phone No.        Mobile												
	E. DETAILS OF PREMISES													
	Specify occupancy of premis													
2.	. Is entry or exit from premises affected?													
	If 'Yes', specify													
3.	Is any portion of the premise	es damaged?												
	If 'Yes', specify													
4.	Was the premises being occ	upied as on date of loss?												
	If 'No' specify date of last oc													
5.	State the total value of													
	property upon the premises at the time of loss (Rs.)													
6.	Is the property covered unde	er Standard Fire and Special Perils Policy?												
	If 'Yes', specify													
7.	Name of Insurer													
	Address	Plot No/Door No.												
		Road Area												
		City Pincode												
		State												
9.	Contact Details	Phone No.												
		E-mail Id												
10	. Policy No.													
11	. Period of Insurance	From        D        D        M        Y        Y        Y        Y        To        D        D        M        Y        Y        Y												
12	. Sum Insured (Rs.)													
	(Attach Policy Copy)													

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### F. DETAILS OF PREVIOUS LOSSES

### Losses during the 3 preceding years

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

#### G. DETAILS OF OTHER INFORMATION

Do you wish to provide any a	other information?
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If 'Yes', specify

I/We, the above named, 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.

Place												
Date:	D	D	Μ	Μ	Y	Y	Y	Y				

Signature of Insured/Claimant \_

Yes

No

Name of Insured/Claimant