



BURGLARY CLAIM FORM

(a) **Policy Number**..... **Claim Number**

(b) Where did it happen?.....

(c) How did it happen?

.....

.....

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(d) Do you suspect any person in connection therewith?.....

1. Please give the following information about your premises:

(a) How did they enter?.....

(b) Were they occupied at the time?.....

 If not, when were they last occupied?.....

(c) The longest period of unoccupancy since renewal?.....

2. Have you ever made a claim from any insurer for loss by theft or Burglary?.....

(a) State the location of claim.....

(b) Circumstance of loss.....

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(c) Amount of claim paid.....

4. Please give the estimate total value of the contents of your premises at the time of the loss.....

5. Have you informed the police?.....

(a) Address of the Police Station.....

