

CLAIM FORM - BURGLARY INSURANCE POLICY

Issue of this Claim Form is not to be taken as an Admission of Liability

Toll Free No. 1800 266 3202

5) Are you responsible for repairs of the premise	
6) What is the total value of the property upon the premises at the time of loss	
7) Has there been any alteration in the occupation or use of the premises since the policy was taken up?	
8) Is there any other insurance in force providing cover for this loss or damage?	
9) Please provide the full details of fire insurance and attach policy copy.	
10) Have you ever suffered a loss in the past? If yes please provide the details	<input type="checkbox"/> Yes <input type="checkbox"/> No
11) Are there any steps taken to prevent a recurrence? If yes please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. CLAIM DETAILS:

Sl. No.	Property/Item lost/damaged	Amount Insured	Amount claimed

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT:

1. Policy Copy	7. Stock Registers
2. Claim Form duly filled and signed by the insured	8. Invoices both purchase & sales/ stock transfer details
3. Police FIR	9. Previous Balance Sheet
4. Police Final Report	10. Other accounts papers
5. Incident Report	11. Subrogation
6. Witness Statement	12. Indemnity Bond

*The above list is general requirement and if anything specific based on the claim may be advised by the surveyor/Insurer.

DECLARATION :

I / We the above mentioned, do hereby, to the best of my/our knowledge and belief warrant the truth of the foregoing statement in every respect and I/We have made or in any further declaration the company may require in respect of the said accident shall make any false or fraudulent statement or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past of future accident shall be forfeited. I/We also agree to provide additional information to the Company, if required.
(Seal is mandatory for companies)

Place _____

Date

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Signature of the Insured Nominee