
Office Package Insurance Policy (Retail)

Claim Form- Section 2: Burglary and Robbery

Claim No. :

Policy No:

1. Name of the insured in full:

2. Address:

3. Occupation:

4.
 - a. Full address of the premises broken into

 - b. The day and hour the premises were broken into

 - c. How the entrance was effected?

 - d. Which rooms were entered?

5.
 - a. Whether the premises were inhabited at the time of the burglary?

 - b. If not, for what periods have they been uninhabited since the last premium was due?

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

7. Whether you are the sole owner of the property stolen?

8. State the estimated value of the total contents of the premises at the time of the Burglary.

9. For what sum you insure the contents against Fire and with which company?

10. Are there any other insurance against Burglary upon the same property? If so give full particulars?

11. Have you ever before sustained loss by fire or burglary? If so give particulars.

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