

BURGLARY, HOUSEBREAKING, LARCENY AND THEFT
CLAIM FORM

1. NAME OF INSURED POLICY NUMBER
2. ADDRESS OF INSURED
..... TELEPHONE NO
3. LOCATION OF OCCURRENCE
4. DATE OF THEFT 20 HOUR A.M..... P.M.
5. WERE PREMISES OCCUPIED AT TIME OF LOSS? IF NOT, WHEN WERE THEY LAST OCCUPIED?
.....
6. DID YOU MAKE A REPORT TO THE POLICE? YES NO
- DATE OF NOTIFICATION
- POLICE STATION
7. DESCRIBE CIRCUMSTANCES OF LOSS:

8. ARE YOU THE SOLE OWNER OF THE PROPERTY DAMAGED OR STOLEN? .. YES NO
- IF NOT, STATE FULL PARTICULARS OF ANY OTHER INTEREST:
.....
9. DO YOU HAVE ANY OTHER INSURANCE AGAINST THIS LOSS? YES NO
- IF SO, GIVE NAMES AND ADDRESSES OF INSURERS:

10. STATE TOTAL VALUE OF CONTENTS
11. GIVE DETAILS OF ANY PREVIOUS CLAIMS IN CONNECTION WITH THESE OR ANY OTHER PREMISES:

