

Email:

Branch Office: "Enfield House", Upper Collymore Rock, St. Michael, Barbados, W.I Telephone: (246) 430-4600 ■ Fax: (246) 427-9038 www.myguardiangroup.com

insurebb@myguardiangroup.com

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?							
	DATE OF NOTIFICATION							
	POLICE STATION							
7.	DESCRIBE CIRCUMSTANCES OF LOSS							
8.	ARE YOU THE SOLE OWNER OF THE PROPERTY DAMAGED OR STOLEN?							
	IF NOT, STATE FULL PARTICULARS OF ANY OTHER INTEREST							
9.	DO YOU HAVE ANY OTHER INSURANCE AGAINST THIS LOSS?							
	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							



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PLEASE COMPLETE WITH FULLEST PARTICULARS

No.	DESCRIPTION	Cost Price of Property or Articles Stolen		Cost Price of Property or Articles Stolen		Date of Purchase	Estimated Value at the time of Loss		Net Amount Claimed	
	\$									

THE DETAILS REQUIRED OVER-LEAF MUST BE GIVEN do hereby declare that the particulars supplied in this form are true in every respect, and that I/We have withheld no information material to the claim, and I/We hereby claim for loss or damage as set out in the schedule hereto, amounting to \$..... and I/We hereby declare that no other person has an interest in the said property and that it is not otherwise insured. Date Signature of Insured