

## Burglary Claim Form

**Important Note - Please ensure Your Claim Form is completed in full and returned within 7 days after receipt. Failure to complete your form in full will result in the form being returned to you and will hold up the processing of your claim.**

Policy no.: _____ Name of Insured: _____ Phone Contact No.: _____	Claim No.: _____ Address: _____ Email: _____
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### Detail of Loss

State the address of premises at which the loss occurred. How was the said premises occupied?		
Date and time of losses :	Time:	AM/PM
When discovered and by whom?	Time:	AM/PM
How were entry to / exit from the premises affected?		
Which portion of the premises was affected by the entry or exit?		
Give brief detail of how exactly the loss occurred. (Specify the articles stolen and property damaged) :		
Has a complaint been lodged with the police?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, by whom and when?  (Attach a copy of the Police complaint.)	Time:	AM/PM
Police Station:	Police Officer's name:	
State reason, if not reported to Police:		

