



CLAIM NO. \_\_\_\_\_

**BURGLARY CLAIM FORM  
(BUSINESS AND PRIVATE PREMISES)**

**This form should be completed and returned within seven days**

The company does not admit liability by the issue of this form

Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_ Age: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Business Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Profession or Occupation: \_\_\_\_\_

Policy No.: \_\_\_\_\_

1. State the full address of the premises at which the loss/damage was sustained: \_\_\_\_\_
2. (a) Date and time of loss? \_\_\_\_\_  
(b) When was it discovered? \_\_\_\_\_  
(c) By whom was it discovered? \_\_\_\_\_  
(d) By whom was such discovery witnessed? \_\_\_\_\_
3. When did you report to police/at which Station? \_\_\_\_\_
4. Which rooms were searched or robbed? \_\_\_\_\_
5. Which door or window was forced open? \_\_\_\_\_
6. (a) Were the premises occupied at the time of the loss? \_\_\_\_\_  
(b) If not, on what date and at what hour were they last occupied? \_\_\_\_\_
7. Do you suspect any person or persons? If so, whom? \_\_\_\_\_
8. (a) Has any other person an interest of any description in the property claimed for? \_\_\_\_\_  
(b) If so, give his or her name and the nature of the interest: \_\_\_\_\_
9. Are there any other insurances against loss or damage by burglary and house breaking in force in respect of the property Claimed for? \_\_\_\_\_
10. What was the value of the total contents of your premises at the time of the loss? \_\_\_\_\_
11. (a) Are the contents of the premises insured against fire? \_\_\_\_\_  
(b) If so, state amount insured and name of Company: \_\_\_\_\_
12. Have you ever had a loss by fire or a previous loss by burglary or theft? \_\_\_\_\_

**DECLARATION**

I hereby declare that the information given above and overleaf is true to the best of my knowledge and belief

Date: \_\_\_\_\_ Signature of Claimant: \_\_\_\_\_

