

IFFCO-TOKIO General Insurance Company Limited

BURGLARY & HOUSE BREAKING INSURANCE

CLAIM FORM																						
Address of Issuing Office																						
Insured's Name & Address																						
Illisured's Name & Address																						
Business Address/Occupation																						
Address of premises at which the loss occurred (State whether private house, sale shop, flat, hotel etc. outbuilding thereof.																						
Date and time of loss.				DDJMMJ YYYY									Ti	Time								
When discovered and by whom																						
How was entry to the premises affected? Which portion of the premises was entered? (Give brief details of how exactly the loss occurred, also specifying overleaf the articles stolen and property if any damaged)																						
Have the police been notified?																						
If so by whom & when and at what Police Station.																						
If not state reason for omission.																						
Were the premises occupied at the Time of the	loss?																					
If not on what date and at what hour were they last occupied?																						
For how long have the premises been unoccupied since the policy was effected or last renewed?																						
Is any body suspected of the theft? If so, please state full details.																						
If there is no evidence of theft or of forcible of premises, has a thorough search been made for missing.																						
Are you the sole owner of																						
(i) The property lost or damaged?																						
(ii) Of the premises?																						
Are you responsible for repairs to premises?																						
Have you ever before sustained loss by burglary, housebreaking or theft? (If so, please state particulars)																						

State the total value of time of the loss.	property upon the prem	nises at the			
State the amount of fire name of Company or co	e insurance upon such pompanies.	roperty and			
Against the present los Motor Car Golfers etc?	ss under any other polic	y/Baggage,			
I, declare that all statements the persons named, no contact the persons named.	ents made on this form a other person having any i	re true to the best of my kno interest therein, whether as	owledge and belief and ti Owner, Mortgagee Trus	hat the articles and pr tee or otherwise.	operty described belong to
Date: DD/MM/ YYYY					Insured's Signature
Place:	<u>-</u>				
A Burglary Policy being a being made for deprecia	a contract of INDEMNITY tion and wear and tear.	all claims must be based u	pon the actual value of th	ne articles at the time o	of the Theft, due allowance
Full description of articles stolen or property damaged	To whom the articles or property belonged	From whom purchased or received Name and Address	Date purchased or received	COST	Deduction for depreciation and wear and tear
			Total		
		Deduction for Depreci			
			Net Amount claimed		