



IFFCO-TOKIO General Insurance Company Limited

BURGLARY & HOUSE BREAKING INSURANCE

CLAIM FORM

Address of Issuing Office													
Insured'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.		DD/MM/YYYY						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 entry of the premises, has a thorough search been made for the articles 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)													

