

BURGLARY CLAIM FORM

This form is issued without admission of liability. Any documentary evidence and/or other report required by the Corporation shall be furnished at the expense of the Insured.

Claim No. : _____		Policy No. : _____		Agency : _____	
1.	Insured's Name/Company				
2.	Address				
3.	Occupation/ Business				
4.	Date of Loss/Time/Day				
5.	When discovered, and by whom?				
6.	Situation of Loss				
7.	Police Station to which Loss was reported			Report No. :	
				Date :	
8.	a) Were the premises occupied at the time of the theft? b) If no, on what date and what hour were they last occupied? c) For how long have the premises been unoccupied since the policy was effected or last renewed?				
9.	Was the alarm on and triggered? (if premises fitted with alarm system)	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
10.	a) owner of the premises? b) responsible for repairs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
11.	Have you ever before sustained loss by theft? If so, please give particulars	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
12.	Have you ever made a claim on any Insurer in respect of loss or damage by any of the risk covered by the above Policy? If yes, please give particulars	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

The undersigned Insured hereby declared to have answered the above questions conscientiously and truthfully.

Date : _____

 Signature of Insured
 Company's chop (if applicable)
 Name : _____
 Designation : _____
 NRIC : _____

Tick (/) where applicable

