



NECO INSURANCE LTD.

P.O.Box No. 12271, Nava Durga Bhawan, Anamnagar, Kathmandu, Nepal. Tel.: 4770415,

NECO

Fax : 977-1-4770162, Email : info@necoinsurance.com.np, www.necoinsurance.com.np

BURGLARY INSURANCE CLAIM FORM

Policy No. :

Claim No. :

Period Of Insurance : From : _____ To: _____

Insured :

Address :

1	Address of premises at which the loss occurred (State whether private house, sale-shop flat, hotel, etc. out building thereof)	
2	i. Date & Time of Loss	
	ii. When was it discovered ?	
	iii. By whom was it discovered ?	
3	i. How was entry to the premises effected ? Was force used?	
	ii. Which portion of the premises was entered ? Give details of how exactly the loss, occurred, also specifying overleaf the articles stolen and property, if any, damaged)	
4	i. Has the police been notified ?	
	ii. If so, by whom, when and at what police station ?	
	iii. If not, state reason for omission	
5	i. Were the premises occupied at the time of the loss ?	
	ii. If not, on what date and at what hour were they last occupied ?	
	iii. For how long have the premises been unoccupied since the policy was effected or last renewed ?	
6	i. Is anybody suspected of the theft ?	
	ii. If so, state full details.	
7	If there is no evidence of theft or forcible entry of the premises, has a thorough search been made for the article(s) missing ?	

8	i.	Are you the sole owner of (a) the property los or damaged ? (b) of the premises ?	
	ii.	Are you responsible for repairs to premises ?	
9	Have you ever before sustained loss by burglary, house-breaking or theft ? (If so, state particulars?)		
10	i.	State the total value of property upon the premises at the time of loss.	
	ii.	State the amount of fire insurance upon such property and name of Company or Companies.	
11	Are you insured against the present loss under any other policy ? E.g. All risk Passengers, Baggage, Motor Car Golfers, etc.		

I/We declare that all statements made on this form are true to the best of my knowledge and that the articles and property described belong to the persons named on other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

Date :

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Insured's Signature
Office Seal :