		BURGLARY	INSUR	ANCE CL	AIM FO	RM			
Policy	No. :								
Claim	No.:								
Perio	d Of I	nsurance : From :	1	To:	¥I.				
Insure	ed :								
Addre	ess :								
1	loss (Address of premises at which the oss occurred (State whether private nouse, sale-shop flat, hotel, etc. out outlding 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)							
	i.	Has the police been notified ?							
4	ii.	If so, by whom, when and at what police station?							
	iii.	If not, state reason for ommission							
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	forci a tho	bre is no evidence of theft or ble entry of the premises, has brough search been made for article(s) missing?							

8	i.	(a) the property los or damaged ? (b) of the premises ?	
	ii.	Are you responsible for repairs to premises?	
9	by b	e you ever before sustained loss urglary, house-breaking or theft ? o, 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	loss E.g.	you insured against the present under any other policy ? All risk Passengers, Baggage, or Car Golfers, etc.	
		that all statements made on this form are true to the best of my k persons named on other person having any interest therein, when	
			Insured's Signature
Date	:		Office Seal: