

BURGLARY INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSIBILITY OF LIABILITY.

PBC/PBI/PBP

Please fill this form in **Block Letters** and **Tick the Boxes** where appropriate and do not leave any column unanswered. If any detail or information is not readily available, please do not delay despatch of this report and such particulars may be sent later.

Policy Number:

Claim Number:

Period of Insurance: to

A. DETAILS OF INSURED/S

Name:

Address:

Pin code:

Telephone No.:

E-mail Address:

Financier's Details:

Address of Financier:

Pin code:

Telephone No.:

If the insured is not the sole address, please submit the details about your interest in the property and extent upto

B. LOSS DETAILS

Time & Date of loss: _____ (Hrs.)

The address of the premises where the loss took place.

Who noticed the loss & when:

Please attach a statement of the person.

Whether the premises was occupied at the time of loss and

a. If yes for what purpose

b. If no then since when it was lying unoccupied

The details of circumstances leading to loss and also state how the entry/exit in the premises was affected.

Please attach separate sheet, if necessary.

C. LOSS INTIMATION

Whether loss has been intimated to

Police Authorities Yes No

If yes, please attach the copies of the reports.

D. DETAILS OF AFFECTED PROPERTY

Please give the details of the property lost/burgled _____

Please attach a separate sheet giving the items and their values lost

The total value of the property at the premises just before the loss _____

Are these damages to the premises also and if you are responsible for the repairs of the same Yes No

If yes please give details _____

E. PREVIOUS LOSS HISTORY, IF ANY

F. DETAILS OF OTHER INSURANCES ON AFFECTED PROPERTY

G. IF ANYBODY SUSPECTED FOR THE CRIME

Yes No

If yes please give the name and address of such suspect _____

I/We hereby declare that the foregoing particulars are true and correct in every respect of and that the articles are properly described belong to the person/s named no other person having any interest therein, whether as Owner, Mortgage, Trustee or otherwise.

Date: _____

Place: _____

Signature of Insured



BHARTI AXA GENERAL INSURANCE COMPANY LIMITED

RMZ Infinity, B - Tower, 2nd Floor, No. 3, Old Madras Road, Bangalore - 560016. Tel: 080-40260200.

Toll-Free Helpline: 1800-103-2292 E-mail: claims@bharti-axagi.co.in www.bharti-axagi.co.in