



UNITED INDIA INSURANCE COMPANY LIMITED

REGD & HEAD OFFICE NO 24 WHITES ROAD CHENNAI – 600 014

BURGLARY INSURANCE - CLAIM FORM

The issue of this form does not constitute admission of liability. Please return the form duly completed within Fourteen days of the loss together with the relevant vouchers etc.

Policy No.

Claim No.

1.	a) Name of the Insured (in full) b) Address: c) Business:	a) b) c)
2.	State address of the premises at which the loss occurred. How was the said premises occupied?	
3.	a) Date and time of loss: b) When discovered and by whom?	a) b)
4.	a) How was entry to / exit from the premises effected? b) Which portion of the premises was effected by the entry or exit? c) Give brief details of how exactly the loss occurred. (Specify overleaf the articles stolen and property, if any, damaged)	a) b) c)
5.	a) Has a complaint been lodged with the police? if so, by whom and when and at which Police Station? Attach a copy of the Police complaint. b) If not, this may be done immediately and a copy thereof furnished to the Company	a) b)
6.	a) Were the premises occupied at the time of loss? b) If not, on what date and at what hour were they last occupied? c) For how long have the premises been unoccupied since the policy was effected or last renewed?	a) b) c)
7.	Is any body suspected of theft? If so, state full details	
8.	a) Is the Insured the sole owner of i) The property lost or damaged? ii) The premises? b) Is the Insured responsible for repairs to the premises?	a) i) ii) b)
9.	a) State the total value of property upon the premises at the time of loss. b) State the amount of the insurance upon such property and name(s) of the Insurer (s)	a) Rs. b) Rs.
10	Is there any other Insurance against the present loss under any other	



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.	policy? If so, give full particulars.	
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I / We hereby declare that the foregoing particulars are true and correct in every respect and that articles and property described belong to the person/s named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

Place:

Date :

Signature of insured