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# **BURGLARY INSURANCE POLICY**

## **Claim Form**

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY.

If any detail or information is not readily available please do not delay the dispatch of this form and such particulars may be sent later.

Pol	icy No.																Clo	aim N	٩o.													
Per	riod of Insurance	From	D	D	Μ	Μ	Y	Y	Y	Y	То	D	D	Μ	N	Y	Y	Y	Y	]												
	A. DETAILS OF	INSUR	D/C	LAI/	MAN	١T																										
1.	Name as per Pa	licy		S	U	R	Ν	A	Μ	Е			Μ		D	D	L	E	Ν	A	Μ	E		F		R	S	Т	Ν	А	Μ	E
	Address			Plo	ot No	o/Do	or N	lo.										Bui	Iding	) Na	me											
				Ro	ad													Are														
				City															code	2										1	II	
				Sta																												
3.	Contact Details				one	No.												Мо	bile													
					nail																											
4.	Brief Description	n of Bus	iness																													
	/Office/Industry																															
5.	Limits of Indem the Policy (Rs.)	nity und	er															]					 									
	B. DETAILS OF	LOSS/A	CCID	EN.	т																											
		LOSS/A	CCID	DEN		) N	۱ N	ΛY	Y	Y	Y	]						Tim	ne of	<sup>-</sup> Los	s		:			a.n	ı./p.	m.				
1.	B. DETAILS OF		CCID	D					Y	Y	Y	]							ne of Iding				:			] a.m	ı./p.	m.				
1.	B. DETAILS OF Date of Loss		CCID	D	ot No				Y	Y	Y								Iding				:			a.m	n./p.	m.				
1.	B. DETAILS OF Date of Loss		CCID	Plo	ot Na ad				Y	Y	Y							Bui Are	Iding	g Na			:			] a.m	n./p.1	m.				
1.	B. DETAILS OF Date of Loss		CCID	Plo Roc	ot No ad y					Y	Y							Bui Are	lding ea	g Na						a.m	ı./p.	m.				
1. 2.	B. DETAILS OF Date of Loss	ddress		Plo Roc City Sta	ot Na ad y ite		bor N	lo.	Y	Y	Y							Bui Are	lding ea	g Na						] a.n	ı./p.	m.				
1. 2.	B. DETAILS OF Date of Loss Loss Location A	ddress		Plo Roc City Sta	ot Na ad y ite		oor N		Y	Y	Y 1							Bui Are	lding ea	g Na		E		F		a.m	s.	т. Т	N		M	E
1. 2.	B. DETAILS OF Date of Loss Loss Location A	ddress of perso	on/s c	Plo Rod City Sta	ot Na ad y ite oss L		oor N			Y E E	Y							Bui Are Pin	Iding code	9 Na	me	E		F					N	A	M	E
1. 2.	B. DETAILS OF Date of Loss Loss Location A Contact Details Name	ddress of perso	n/s c	Plo Roc City Sta	ot Na ad y ite oss L		oor N			Y E E								Bui Are Pin	Iding code	9 Na	me	E		F					N		M	E
1. 2.	B. DETAILS OF Date of Loss Loss Location A Contact Details Name Relationship wit	ddress of perso	n/s c	Plo Roc City Sta sta	tt Nc ad y oss L		oor N			Y 								Bui Are Pin	Iding ea code	9 Na	me	E		F					N		M	E
1. 2. 3.	B. DETAILS OF Date of Loss Loss Location A Contact Details Name Relationship wit	ddress of perso h Insure	n/s c	Plo Roc City Sta sta	t Na ad y tte oss L		oor N			Y 	Y							Bui Are Pin	Iding ea code	9 Na	me	E		F					N		M	E
1. 2. 3.	B. DETAILS OF Date of Loss Loss Location A Contact Details Name Relationship wit Contact Details Describe Cause	ddress of perso h Insure	n/s c	Plo Roc City Sta sta	t Na ad y tte oss L		oor N											Bui Are Pin	Iding ea code	9 Na	me			F								E

## WITNESS DETAILS

1.	Were there any witnesses to	the loss	acci	dent	?														Yes	5 [		No	,						
	If 'Yes',																												
2.	Name as Person/s	S U	R	Ν	A	Μ	Е			Μ		D	D	L	E N	A	Μ	Ε			F	I	R	S	Т	Ν	А	Μ	Е
3.	Address	Plot No	o/Doc	or No	o. [										Buildir	ng l	Name												
		Road													Area														
		City													Pincod	de													
		State																											
4.	Contact Details	Phone	No.												Mobile	е													
		E-mail	Id [										1																
IN																													
1.	Has the loss been reported t	o an Ai	ıthori	ty?															Yes	, [		No	)						
	If 'No', reason for not reporti	ng																											
	If 'Yes', provide details	F	ire			Pol	lice			м	unic	cipal	ity		Other														
2.	Name of Authority																												
3.	Information Report No./ Authority Reference No.													]	Date		D	Μ	Μ	Y	Y	Y	Y						
4.	Contact Person/s	S U	R	Ν	А	Μ	Ε			Μ		D	D	L	E N	A	Μ	Е			F		R	S	Т	Ν	А	Μ	Е
5.	Address	Plot No	o/Doc	or No	o. [										Buildir	ng l	Name												
		Road													Area														
		City													Pincod	de													
		State																											
6.	Contact Details	Phone	No.												Mobile	e													
		E-mail	Id [																										
			L																							-	-		
	C. DETAILS OF OTHER INSU	JRANC	E																										
1.	Is the loss/damage covered u	under a	ny otł	her l	nsur	ance	?												Yes	; [		No							
	If 'Yes', specify details and attach a copy of the policy																												
2.	Name of Insurer							Γ		Τ																			
	Address	Plot No	)/Doc	or No	 . [			-						_	Buildir		Jame												
		Road													Area	.9.											$\exists$		
		City													Pincoc	ما													
		State													TINCOC														
٨	Contact Details	Phone													Mobile	_													
4.	Contact Details		Г												MODIIE														
F	D-line N-	E-mail			1			1		1					]														
	Policy No.		D	D	M	A.A.	Y	Y	Y	Y	1 ]		-				M	۱ Y	Y	Y	$\sim$	1							
		From			///	Μ	Ť		T	T	] T		1	Го 			M	ι Τ	Т	Ť	Ť								
7.	Sum Insured (Rs.)																												

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-	DETAIL	IC OF	OTHER	INTERPRO	
D.	DETAI	LS OF	OTHER	INTERES	

1.	Is the Insured the Sole Owne	r of the	prop	perty	y?														Yes	6		No	)					
	If 'No', specify																											
2.	Nature of Interest																											
3.	Person/s who has/have interest on property																											
4.	Address	Plot No	o/Do	or N	lo.									Bui	lding	ı Nar	ne											$\square$
		Road												Are	a		[											
		City												Pin	code		[									1	1	
		State															l											
5.	Contact Details	Phone	No.											Мо	bile		[											
		E-mail	Id																									
			l																									
	E. DETAILS OF PREMISES																											
						_ [					] с	hop	٦.	VI	nouse					]				٦,	241			
	Specify occupancy of premis			Dw	ellin	g		Off	ice			пор	v	varei	nouse	e/Go	uov	vn			ndus	·			Othe	rs _		
Ζ.	Is entry or exit from premises	affecte	ea?																Yes	5		No	)					
	If 'Yes', specify												 															 
3.	Is any portion of the premise	s dama	ged?	>															Yes	5		No	)					
	If 'Yes', specify												 									1						 
4.	Was the premises being occu	ipied as	s on (	date	e of le	oss?					_								Yes	6		No	D					
	If 'No' specify date of last oc	cupancy	D	D	M	Μ	Y	Y	Ý	Ý																		
5.	State the total value of property upon the premises																											
	at the time of loss (Rs.)																											
6.	Is the property covered unde	r Stand	ard F	Fire o	and	Spec	cial F	Perils	s Pol	licy?									Yes	6		No	þ					
	If 'Yes', specify												 															 
7.	Name of Insurer																											
8.	Address	Plot No	o/Do	or N	lo.									Bui	lding	ı Nar	ne											
		Road												Are	a													
		City												Pin	code													
		State																										
9.	Contact Details	Phone	No.											Мо	bile													
		E-mail	Id																									
10.	Policy No.																-							_	_		_	_
	Period of Insurance	From	D		D M	\ N	A Y	Ý		Y Y			To	D	D	Μ	M	Y	Y	Y	Y							
	Sum Insured (Rs.)										_			]								-						
12.	Sum Insured (Rs.)																											

(Attach Policy Copy)

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### F. DETAILS OF PREVIOUS LOSSES

### Losses during the 3 preceding years

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

#### G. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information?	Yes No
If 'Yes', specify	

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place												
Date:	D	D	Μ	Μ	Y	Y	Y	Y				

Signature of Insured/Claimant

Name of Insured/Claimant

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