Meanwood General Insurance Ltd

Stand No. 1070, Fairview

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BURGLARY CLAIM FORM

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY TO THE COMPANY

(Please answer all questions to the best of your knowledge)

INSURED DETAILS

Name			
Postal address		Tel No:	
Email address		Fax No:	
occupation		Policy No:	

DETAILS OF LOSS

1. When did the theft occur?	
2. When was theft discovered and by who?	
3. Describe fully how thieves gained access to the premises.	
4. State the items stolen and from which part of the premises.	
5. What is the estimated amount of loss?	
6. State the date and name of the Police station you reported to and name of the person who reported.	
7. Do you suspect anyone and who in particular? State if any arrests were made.	
8. Where premises occupied at the time of theft? If not, state when it was last occupied.	
9. Are you the sole owner of the property stolen and/or damaged? If not, give full details of ownership.	
10. What was the total value of property owned by you and total amount of property held by you in trust and on commission?	

11. Are the premises and/or contents insured in another policy? If yes, state the company and amount insured.	
12. Is there any other insurance policy covering this loss? If yes, state the Insurance Company and sum insured.	
13. States the details of any previous losses.	

CLAIM ESTIMATE

Item No.	Description of property	Serial No.	Shop bought from or person obtained from	Date of purchase or obtained	Cost price	Deduction for wear and tear	Amount being claimed	remarks

DECLARATION

I/ we hereby declare that the foregoing particulars are true to the best of My/Our knowledge

Signature of Insured…….. Date……..

KINDLY NOTIFY THE INSURERS IMMEDIATELY IF ANY CIRCUMSTANCE REGARDING THIS CLAIM CHANGE.