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Prabhu Insurance Limited

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protecting your future.

(The completed claim form should be returned to the Issuing Office of the Company Within 7 days. The Company does not admit liability by issuing this form)

CLAIM FORM (Burglary)

Issuing Office :

Policy No.:

Claim No.:

Agency Code:

Name of Insured: _____

Address: _____ Telephone No.: _____

1. Address of premises where loss occurred (State whether private house, godown, sale-shop, flat hotel, etc. outbuilding thereof)	_____
Nearest Railway Station.	_____
2. If the premises were forcibly entered: (a) at what date and hour was the theft committed? (b) how precisely was antrance effected ?	_____
3. If the premises were not forcibly entered ? (a) form what part of the premises was the property taken ? (b) at what date and hour (if known) was the theft ? If not known , when was the stolen Property last seen prior to the theft ? (c) has the thief been identified ? If not, what evidence is there that a theft has been actually committed ? (d) do you suspect any one ?	_____
4. (a) Were the premises inhabited at the time of the theft ? (b) If not, upon what date and at what hour were they last inhabited prior to the Theft ?	_____
5. (a) Have the police Authorities been informed of the theft ? (b) If so, on what day and at which Police Station and the Diary No.? (c) Has any arrest been made ?	_____
6. Is the Claimant the sole owner of the property stolen or damaged ?	_____
7. What is the estimated value of the total contents of the premises at the time of the Theft?	_____
8. (a) For what sum is the contents of the premises insured against Fire ? (b) With what Company is the Fire Insurance effected?	_____
9. Has the Claimant ever before sustained loss by Fire or by theft? If so, brif particulars should be given.	_____
10. Are there any other Insurance against Theft upon the same property?	_____

