

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.:
Address of premises where loss occurred (State whether private house, godown, sale-shop, flat hotel, etc. outbuilding thereof) Nearest Railway Station.	
If the premises were forcibly entered: (a) at what date and hour was the theft committed? (b) how precisely was antrance effected?	
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 ?	3
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?	,

I/ WE do hereby affirm and declare that the above statements and the statements contained in the within list of stolen or damaged articles are in all respects true and complete and are made without reservation of any kind and in accordance with the particulars given in the said lists. I/We claim the sum of Rs I/We further affirm and declare that, to my/our knowledge all the property specified in the said list was contained in the promises at the limit of theft, and that no other person than myself/ourselves has/have any interest in the said property by bill of sale, or as owner, mortgagee trustee or otherwise, and that there are no other insurance in respect of loss by theft effected on the said property by me/us or, so far as I am/we are aware, by any other person except* and I/We											
undertake to refund t	the amount or amour	nts claimed in the event	A Transfer State of	100							
Date: Andreid [MATERYAL]					Signature of the claimant						
*State particulars of other Insurance.				(In full)							
A Burglary policy be	ing a contract of IND	must be furnished in the DEMNITY, all claims muwance being made for c	ist be based upor	n the actual v				it the time of	f the		
Full description of	To whom the article	From whom purchased	Date	Cost		Deduction		Amount Clair	med		
articles stolen or property damaged	or property belonged	or received (Name and Address)	purchased or received	Rs.	Ps.	wear and t	Ps.	Rs.	Ps.		
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