CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED



Registered and Head Office: "Dare House", II floor, Old No.234, New No.2, NSC Bose Road, Chennai - 600 001. India

BURGLARY CLAIM FORM

(The issuance of this form does not imply admission of liability.)

CLAIM NO: _____

POLICY NO: _____

Details of Insured:		
1. Name		
2. Address		
Telephone No./Mobile No.		
3. Occupation		
Details of the premises where the burglary has occurred:		
1. Address, if different than Stated above		
2. Was the premises used for : residential purpose or commercial purpose		
3. Whether the premises was : occupied at the time of loss If not, when was it last occupied		
4. Are you the sole owner of :(a). The property lost or damaged:(b). The premises.		
5. Are you responsible for repair of the premises.		
6. State the total value of property : upon the premises at the time of loss.		
7. Details of security arrangement During & outside business hours		
Details of the loss:		
1. Date & Time of loss :		
2. When discovered & by whom		

	ef details of the loss g entry & exit points)			
•	ody suspected of the theft? : rovide full details.			
Pl. provi	e Police been notified? : de FIR No. Date, address e station.			
Details of	any other Insurance Policies:	·		
from this p same prop If yes, Prov	vide the details of :Policy No	Yes No No Policy period		
Any other information you would like to furnish				
Any othe	r information you would like to	furnish		
Any othe	r information you would like to	furnish		

SI.No	Description of item stolen/damaged	Estimated amount of loss Rs.
	Total:	

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect. I/We agree that if we have made already or if I/We make in any of my/our further statements in respect of the said incident any false or fraudulent declarations or suppress or conceal any material fact, the Policy shall be void and all rights of compensation in respect of the present or future accident shall be forfeited

Place:

Signature of Insured

Date :