

Burglary & Housebreaking Insurance

Claim Form

Issuance of this form does not imply acceptance of the liability

Please return the form completed within Fourteen days of the loss together with the relevant vouchers, documents etc.

Policy No.	<input type="text"/>	Claim No.	<input type="text"/>
Date of Registration	<input type="text"/>	Area Office Code/Service Centre Code	<input type="text"/>
Broker/Agent Name	<input type="text"/>	Code	<input type="text"/>

Section 1 - Insured Details

1. Name of the Insured	<input type="text"/>
2. Customer ID	<input type="text"/>
3. Address of the Insured	
Plot No./Flat No.	<input type="text"/> Building name <input type="text"/>
Road	<input type="text"/>
Area	<input type="text"/>
City	<input type="text"/> Pin Code <input type="text"/>
State	<input type="text"/>
Phone No.	<input type="text"/> E-mail Id <input type="text"/>
UID Aadhar No.	<input type="text"/> PAN No. <input type="text"/>
Profession/Occupation	<input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others
Monthly Income:	<input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above

Section 2 - Details of the loss occurred

4. a)	State address of the premises at which the loss occurred.	<input type="text"/>
b)	How was the said premises occupied?	<input type="text"/>
5. a)	Date & time of loss: Date: <input type="text"/> Time: <input type="text"/> AM / PM	
b)	When was the loss discovered and by whom?	<input type="text"/>
6. a)	How was entry to/ exit from the premises effected?	<input type="text"/>
b)	Which portion of the premises was affected by the entry or exit?	<input type="text"/>
c)	Give brief details of how exactly the loss occurred. (Specify overleaf the articles stolen and property, if any, damaged).	<input type="text"/>

7. Has a complaint been lodged with the police? ☐ Yes ☐ No

If so, by whom and when and at which Police Station?

Attach a copy of the Police Complaint.

Note: If this is not done, this may be done immediately and a copy thereof be furnished to the Company.

8. a) Were the premises occupied at the time of loss? ☐ Yes ☐ No

b) If not, on what date and at what hour were they last occupied?

d	d	m	m	y	y	y	y
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h	h	m	m
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 AM / PM

c) For how long have the premises been unoccupied since the policy was effected or last renewed?

9. Is anybody suspected of theft? ☐ Yes ☐ No

If so, state full details.

10. a) Is the insured the sole owner of the property which was lost or damaged? ☐ Yes ☐ No

b) Is the insured responsible for repairs of the premises? ☐ Yes ☐ No

11. a) State the total value of property inside the premises at the time of loss.

b) State the amount of fire insurance cover of the property and name(s) of the Insurer(s).

12. Is there any other insurance against the present loss under any other policy? ☐ Yes ☐ No

If so, give full particulars.

Section 3 - Bank Details

Would you like to opt for NEFT payment? ☐ Yes ☐ No

If YES, please enclose a cancelled cheque leaf along with the claim form.

Bank Name |

[illegible]

A/C Holder Name as in Bank Record

City

State

Account No | | | | | | | | | | | | | | | | | | | | | |

IFSC Code

(this is a 11 digit code printed on your cheque leaf)

I/We hereby declare that the foregoing particulars are true and correct in every respect and that the articles and property described belong to the person/s named, no other person having any interest therein, whether as Owner, Mortgagee, Trustee or otherwise.

Details of Articles Stolen, Property Damaged

Date: | d | d | m | m | y | y | y | y |

Place: _____

Signature of Insured