

## BURGLARY CLAIM FORM

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

(Please use BLOCK CAPITALS and do not leave blanks or answer a question with a dash)

Policy No.: \_\_\_\_\_ Claim No.: \_\_\_\_\_

Insured: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Date of Loss: \_\_\_\_\_ Time: \_\_\_\_\_ A.M P.M.  
MM/DD/YY

2. Address of Premises Involved: \_\_\_\_\_

3. Give Details of how entry to the Premises was affected: \_\_\_\_\_

4. Has damage to the Premises been sustained? YES  NO   
 If 'YES', please give details in appropriate space overleaf.

5. Were the Premises occupied at the time of the loss? YES  NO   
 If 'NO', on what date and at what hour were the Premises last occupied?

6. Do you suspect any particular person? YES  NO   
 If 'YES', whom?

7. Have you notified the Police? YES  NO   
 If 'YES', please state

Date of Notification: \_\_\_\_\_ Which Station: \_\_\_\_\_  
MM/DD/YY

8. Are you the sole owner of the Property damaged or stolen? YES  NO   
 If 'NO', please give name and address of owner:

9. Is there any other insurance against this Loss? YES  NO   
 If 'YES', please give name and address of other Insurers:

10. State the value of the total contents at your premises at the time of loss: \$ \_\_\_\_\_

11. For what sum is the total contents insured under your Fire Policy? \$ \_\_\_\_\_

12. Give the name and address of your Fire Insurers:

13. Have you previously sustained loss by burglary or theft? YES  NO   
 If 'YES', please give brief particulars"

**THE DETAILS REQUIRED OVERLEAF MUST BE GIVEN**

A full list of the articles stolen or damaged must be given.

1. Cost Price, due allowance having been made for trade discounts.
2. Date of Purchase.
3. Value at the time of the loss or damage. AFTER MAKING DUE ALLOWANCE FOR WEAR AND TEAR.
4. Value (if any) after the occurrence, i.e. Value of Salvage.
5. The difference between 3 and 4 will represent the amount claimed.

| No. | Description | (1)        |  | (2)              |  | (3)                                       |  | (4)              |  | (5)                |  |
|-----|-------------|------------|--|------------------|--|---|--|------------------|--|--------------------|--|
|     |             | Cost Price |  | Date of Purchase |  | Estimated value at time of Loss or damage |  | Value of Salvage |  | Net Amount Claimed |  |
|     |             |            |  |                  |  |   |  |                  |  |                    |  |
|     |             |            |  |                  |  |   |  |                  |  |                    |  |
|     |             |            |  |                  |  |   |  |                  |  |                    |  |
|     |             |            |  |                  |  |   |  |                  |  |                    |  |
|     |             |            |  |                  |  |   |  |                  |  |                    |  |
|     |             |            |  |                  |  |   |  |                  |  |                    |  |
|     |             |            |  |                  |  |   |  |                  |  |                    |  |
|     |             |            |  |                  |  |   |  |                  |  |                    |  |
|     |             |            |  |                  |  |   |  |                  |  |                    |  |
|     |             |            |  |                  |  |   |  |                  |  |                    |  |
|     |             |            |  |                  |  |   |  |                  |  |                    |  |
|     |             |            |  |                  |  |   |  |                  |  |                    |  |
| \$  |             |            |  |                  |  |   |  |                  |  |                    |  |

**DETAILS OF DAMAGE TO PREMISES**

\*\* Please do not exceed more than 250 words.

I/We declare that the information provided is true and accurate and that the articles mentioned above, being my/our property and insured under the above Policy or Policies, were stolen or damaged to the extent detailed above, and I/we claim from Guardian General Insurance Limited the sum of

\$ \_\_\_\_\_

Date: \_\_\_\_\_  
(MM/DD/YY)

Signature of Insured \_\_\_\_\_  
If Company Please Affix Company Stamp