



REF. No

This form should be completed and returned within 7 days of its receipt by the insured.

Particulars Of Claim

Name of Insured in full Cell Number Policy No Date of payment of last premium Full address of the premises where the theft took place Business Address

1. On what date and between what hours were your premises broken into 2. On what date and hour was the theft discovered and by whom? Date Time Discovered by 3. Which rooms were rifled? 4. Describe the means by which entry was obtained and state what date and at what hour were they last occupied? Date Time 5. Was the premises occupied at the time? Yes No If not, upon what date and at what hour were they last occupied? Date Time 6. Do your suspicions rest upon anyone, and if so whom? Yes No Suspect 7. Date reported to Police By whom reported? Name of Police Station? 8. Are you the sole owner of the property stolen or damage? Yes No If not, give name of owner 9. Are there any other insurances against theft upon the same property Yes No 10. What was the value of the total contents of your premises at the time of your loss? 11. Have you ever before sustained loss by fire house breaking of theft? Yes No Was the claim made upon any Company or underwriters? Yes No If so, give name, date, nature of loss and amount paid 12. What steps are being taken to prevent recurrence of the loss?

I hereby warrant the truth of the foregoing statements.

Signature

Date

PLEASE COMPLETE THE BACK OF THIS FORM SCHEDULE OF ARTICLES STOLEN

