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BURGLARY CLAIM FORM – BUSINESS & PRIVATE PREMISES

1. State full address of the Premis	es at which the loss							
was sustained								
2. (A) When was it discovered?								
(B) By whom was it discover								
(C) By whom was such disco	very witnessed?							
3. When did you report to Police?	At what station?							
4. Which rooms were rifled?								
5. Which door or window was fo	orced?							
6. (A) Were the premises occupie	d at the time of the loss?							
(B) If not, on what date and at occupied?	what hour were they last							
7. Do you suspect any person or	persons? If so, whom?							
8. (A) Has any other person hat the property claimed for?	s an interest of any description	on in						
(B) If so, give his or her na	me and the nature of the inte	rest						
9. Are there any other insurance	against loss or damage by							
burglary								
and housekeeping in force in r	espect of the property claime	d						
for?								
10. What was the value of the tot	al contents of your premises a	at .						
the time of loss?	ar contents of your premises t							
		4 .						
11. (A) Are the contents of the p	remises insured against fire?							
(B) If so, state amount insure	ed and name of company	4 .		in t	he	company		
12. Have you ever had a loss by f or theft?	ire or a previous loss by burgl	ary						
13. Policy No. and date last Prem	ium was paid	Poli	СУ		Premium			
		No.			Paid			
I/We								
Being the insured under the above-mentioned Policy, declare that at or about			O' clock on the day of			20		
an Act of burglary, and/or Housebreal my/our knowledge and belief, in follo		ır premises a	t the	address above st	ated, occasio	ned to the best of		
And I/We declare that the proper insured under the said policy, was	ty enumerated in the Schedul	e on the ba						
Signed this	day of	20						

STATEMENT OF CLAIM

Full Description of Article	Name and address of Owner	Date when bought or received	Where bought; or if a present, Name and address of Donor	Cost price when purchased	Deduction fro age used and/or Wear and Tear		Amount Claimed	
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								+
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						.₩		