

## Burglary Claim Form

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please answer all questions and give complete details of information asked for. Where the space provided is insufficient, a separate sheet(s) should be attached.
- Please return this form, duly completed and signed, within 3 days from the date of receipt of this claim form.

Policy details:	
Number	
Period of Insurance	From <span style="float: right;">To</span>
Type	
Details of Insured:	
a) Name of the insured in full	
b) Address of insured	
c) Details for business activity of the firm and number of years of operation	
Details of incident:	
a) Day, date, and time	
b) Cause of loss	
c) Full address of the premises	
d) How was entrance to the premises gained?	
e) Which rooms were entered?	
f) Please attach a drawing showing where the burglary occurred	
g) Were the premises inhabited at the time of the burglary? If not, for what periods was it uninhabited since the last premium was due? Was a security guard present? Was a burglar alarm activated?	
h) When did you inform the police authorities of the burglary? Attach copy of the report	
i) Are you the sole owner of the property stolen?	
j) Attach incident report on the sequence of events (signed by immediate superior of concerned employee)	
k) Did a witness see the incident? If so, please attach witness statement	

l) Details of the employee, in whose custody the incident taken place: 1. Name 2. Nationality 3. ID / Iqama no. 4. Nature of job 5. 5- Address of the native	
m) Give details of previous instances when a similar claim had occurred involving the same location/employee	
n) Details of items lost	(As per annexure)
o) Any recovery achieved? (Through police / direct). If any, please give details thereof	
p) Is there any other insurance against Burglary upon the same property? If so, give full particulars	
q) Improvements in the system proposed/effectuated to avoid such recurrence	

## DECLARATION:

I/We the above named being insured under the above policy do hereby declare and set forth that a Burglary/Theft was committed at the above described premises/location in the manner stated and the articles enumerated in the list attached and valued at sum of \_\_\_\_\_ were stolen therefrom and I/We do further declare that no other person has any interest in the said property, whether as owners, mortgagee, trustee or otherwise, and that it not otherwise insured against Burglary, with this or any other office, except as above stated.

Signature of the Insured: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Stamp: \_\_\_\_\_