



The Oriental Insurance Company Limited
 Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

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| Issuing Office |
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BURGLARY CLAIM FORM

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| 1. | Insured's Name and Address | |
| 2. | Occupation/Business Address | |
| 3. | Address of the premises at which the loss occurred (State whether private house, sale shop, flat, hotel etc. Outbuilding thereof) | |
| 4 | a) Date and Time of loss b) When discovered and by whom | |
| 5. | a) How was entry to the premises effected? Was force used. b) Which portion of the premises was entered? (Give brief details of how exactly the loss occurred, also specifying overleaf the articles stolen and property if any, damaged) | |
| 6 | a) Have the police been notified? b) If so by whom & when and at what Police Station c) If not state the reason for omission | |
| 7 | a) Were the premises occupied at the Time of the loss? b) If not on what date and at what hour were they last occupied? c) For how long have the premises been unoccupied since the policy was effected or last renewed? | |
| 8 | a) Is any body suspected of the theft? b) If so please state full details. | |
| 9 | If there is no evidence of theft or of forcible entry of the premises has a thorough search been made for the articles missing | |
| 10 | a) Are you the sole owner of i) the property lost or damaged? ii) Of the premises? b) Are you responsible for repairs to premises? | |
| 11 | Have you ever before sustained loss by burglary, housebreaking or theft? (if so, please state particulars) | |
| 12 | a) State the total value of property upon the premises at the time of the loss b) State the amount of Fire Insurance upon such property and name of Company or Companies | |
| 13 | Are you insure against the present loss under any other Policy e.g. All Risks Passengers' Baggage, Motor Car Golfers etc.) | |

