

BURGLARY INSURANCE POLICY (RETAIL)

Claim Form



Burglary Insurance Policy (Retail) - Claim Form

Claim No.: _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by Magma General Insurance.

A. The Insured

Risk Code (For office use) : _____

Name : _____

Address : _____

Tel No. Office : _____ Mobile : _____
email : _____

Contact name : _____

Mobile : _____ email : _____

B. Policy Details

Policy No. : _____

Period of Insurance : From _____ to _____

C. Loss Details

Date : _____ Time : _____ am/pm

Date/Time Discovered : _____

By whom : _____

Location/Address of Loss : _____

City : _____ Pin Code : _____ State : _____

Premises occupied as : _____

Describe fully circumstances of Loss, how the entry into the premises was effected : _____



State the evidence of forcible entry/exit from the premises : _____

What is Lost & Extent of Loss (Attach separate sheet if more than 1 items)

| Item Lost | Amount Insured | Amount claimed* |
|-----------|----------------|-----------------|
| | | |

**Should constitute only value of the claimed item(s) without including profit of any kind. Kindly indicate separately the amount being claimed under 'Add-on covers/benefits.'*

D. General (Put a tick in the appropriate where necessary)

1. Has the loss or damage been reported to the Police? **Yes** **No**

If yes please provide the following-:

- a) The FIR no. & Date : _____
- b) The Police Station name & Address : _____

2. Has the Police apprehended any person ? **Yes** **No**

If yes, please provide details : _____

3. Is there any other insurance in force providing cover for this loss or damage?

Yes **No**

If yes, please provide name of Insurer(s), policy no. and copy of Policy : _____

4. Please provide details of Fire insurance of the premises/property

Policy No. : _____

Period : _____ to _____ Insurer : _____

5. Have you ever suffered a loss in the past? : **Yes** **No**

If yes, please provide Date, Amount of Loss and Name of Insurer : _____

6. Are there any steps taken to prevent a recurrence : **Yes** **No**

If yes, please provide details (please attach separate sheet if required)

7. Are the premises protected by Burglar Alarm, security system, armed guard (common or dedicated) : **Yes** **No**

If yes, please provide details of the same : _____

If guarded by a security personnel, was the guard armed and whether on duty at the time of incident : _____

If installed with burglar alarm or a security system, was the same activated during the incident

8. Was there another person, in your opinion, suspected of the theft? **Yes** **No**

If yes, please provide name, address & phone no. : _____

9. Is the property subject to a hire purchase or hypothecation agreement? : **Yes** **No**

If yes, please provide name & address of relevant parties/financial institution : _____

10. Has there been any alteration in the occupation or use of the premises since the Policy was taken up? : **Yes** **No**

If yes, please provide details of changes/alterations : _____

11. Were the premises occupied at the time of the loss or damage? **Yes** **No**

If not, unoccupied since : _____

12. Are you the sole owner of the premises/property? : **Yes** **No**

If not, please provide details of other interested. Parties : _____

13. Is any part of the premises lent, let or sub-let? : **Yes** **No**

If yes, please provide details of the same : _____

14. Are you responsible for repairs? : **Yes** **No**

15. At the time of loss, what was the total value of all property in the premises?

16. Would you like to reinstate the Sum Insured of the affected items by payment of additional premium? : **Yes** **No**

N.B: your option to reinstate the sum insured is subject to our written consent for the same and acceptance of additional premium

IMPORTANT NOTICE

1. This form is issued without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the Policy Conditions which the Insured may have committed.
2. The Insured is requested to furnish the particulars above as fully and accurately as possible and this form is to be returned back to the Company/Surveyor immediately.
3. The Insured should make no offer or admission of liability to Third Parties.
4. Any communications that the Insured receives regarding the accident should be sent to the Company immediately (UNANSWERED).

DECLARATION

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured : _____

Date :

Company's stamp

Documents to be attached :
