

FARMER'S PACKAGE POLICY (RETAIL)

Claim Form- Burglary & Theft



Farmer's Package Policy (Retail)

Claim Form- Burglary & Theft

Claim No.	.:	Policy No:	
1.	Name of the insured in full:		
2.	Address:		
3.	Occupation:		
4.	a. Full address of the premises broken into		
b.	The day and hour the premised were broken into		
С.	How the entrance was effected?		
d.	Which rooms were entered?		
5. a.	Whether the premises were inhabited at the time of the bur	rglary?	
b.	If not, for what periods have they been uninhabited due?	I since the last premiun	n was
6.	When did you inform the police authorities of the theft a	and at which station?	
7.	Whether you are the sole owner of the property stolen?	?	
8.	State the estimated value of the total contents of the pr	remises at the time of the	ne Burglary.
9.	For what sum you insure the contents against Fire and	with which company?	
10.	Are there any other insurance against Burglary upons?	n the same property?	If so give full
11.	Have you ever before sustained loss by fire or burglary	/? If so give particulars.	



I/vve the above named being insured under the above	policy do nereb	y declare and se	t forth that at or a	pout		
O'clock a.m/p.m on the	1	1				
A theft was committed at the above described premises in the manner stated and the articles enumerated in						
the within list and valued at sum of Rs	were stolen	therefrom and I/W	Ve further declare	that		
no other person has any interest in the said property, as Owner, Mortgage, Trustee or otherwise, and that is						
not otherwise insured against Burglary, with this or any other office except as above stated.						
Witness:						
Occupation:						
Address:	S:	ignature of the Ins	sured			