



THE NEW INDIA ASSURANCE COMPANY LIMITED

**Regd & Head Office : New India Assurance Building,
87, Mahatma Gandhi Road, Bombay – 400 001.**

**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
ANSWER ALL QUESTION FULLY**

BURGLARY CLAIM FORM

1.	Name of Insured in full _____	
2.	Address _____	
3.	Occupation _____	
4.	a. Full Address of Premises broker into	
	b. The day and hour the Premises were broker into	
	c. How the entrance was effected ?	
	d. Which rooms were entered ?	
5.	a. Whether the premises were inhabited at the time of the Burglary ?	
	b. If not, for what periods have they been Uninhabited since the last premium Was due	
6.	a. When did you inform the Police Authorities of the theft and at Which Police Station	

7. Whether you are the sole owner of the property stolen ?

8. State the estimated value of the total Contents of the premises at the time of The Burglary.

1. For what sum you insure the contents Against Fire and with which company ?

10. Are there any other insurance against Insurance Burglary upon the same property ? If so five full particulars Insurance

Rs..... In the.....

Company Policy No.....

Rs..... In the

Company Policy No.....

11. Have you ever before sustained loss by Fire or Burglary? If so give particulars.

I / We above named being insured under the above Policy do hereby declare and setforth that at or about _____ O' clock a.m. / p.m. on the _____ 19 ____ a theft was committed at above described Premises in the manner stated and articles enumerated in the within list and valued at sum or Rs. _____ were stolen therefrom and I / we further declare that no other person has any interest in the said property, as Owner Mortgage, Trustee or otherwise, and that it is not otherwise insured against Burglary, with this or any other Office, except as above stated.

Witness my hand this _____ day of _____
19_____

Witness _____

Occupation _____

Address _____

Signature of Insured

