



REUNION INSURANCE COMPANY

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BURGLARY CLAIM FORM

The issue of this form does not imply admission of liability on the part of this company.

All questions must be answered fully – ticks and dashes are not acceptable.

 Name of Insured.....

Full address.....Telephone No.....

Policy No.....

Full address of the premises from which the loss occurred	
1. When is the theft believed to have been committed?	
2. (a) When was the loss discovered? (b) By whom was it discovered?	(a) (b)
3. What is the amount of loss (complete reverse side of this form)?	K
4. Describe fully how the thieves entered the premises and state which doors or windows were forced.	
5. From which part of the premises was the property stolen?	
6. (a) Are you the sole occupier of the premises? (B) If not, give the names of the other occupants	(a) YES / NO (b)
7. (a) Were the premises occupied at the time of loss?	(a) YES / NO

<p>(b) If not, when were they last occupied?</p>	<p>(b) Date..... Hour..... ...am/pm</p>
<p>9. (a) Has the loss been reported to police? (b) If yes, (i) Name the police station? (ii) When was the report made (iii) Name the person who reported to the police (iv) Has any arrest been made? (v) Have any of the stolen items been recovered?</p>	<p>(a) YES / NO (b) (i) (ii) (iii) (iv) YES / NO (v) YES / NO</p>
<p>9. (a) Do you suspect any person having been implicated in the theft? (b) If yes, (i) Give name & address of the person (ii) Give reasons why You suspect the person</p>	<p>(a) (b) (i) (ii)</p>
<p>10. (a) Are you the sole owner of the property stolen and/or damaged? (b) If not, give information regarding ownership.</p>	<p>(a) YES / NO (b)</p>
<p>11. What was the total value within the premises at the time of the loss of: (a) All property owned by you (b) Goods held by you in trust and on commission.</p>	<p>(a) K (B) K</p>
<p>12. (a) Are the premises and/or contents insured against fire? (b) If yes, (i) Give name of Insurance Company (ii) Give amount insured</p>	<p>(a) YES / NO (b) (i) (ii) K</p>
<p>13. (a) Is there any other Insurance covering this loss (b) If yes, (i) Give name of insurance company</p>	<p>(a) YES / NO (b) (i) (ii) K</p>

(ii) Give amount insured																	
14. (a) Have you previously ever suffered loss by fire, housebreaking or theft? (b) If yes, give the following details	(a) (b) <table border="0"> <thead> <tr> <th></th> <th><u>CAUSE</u></th> <th><u>DATE</u></th> <th><u>AMOUNT</u></th> </tr> </thead> <tbody> <tr> <td>(i)</td> <td>Fire</td> <td></td> <td></td> </tr> <tr> <td>(ii)</td> <td>House-breaking</td> <td></td> <td></td> </tr> <tr> <td>(iii)</td> <td>Theft</td> <td></td> <td></td> </tr> </tbody> </table>		<u>CAUSE</u>	<u>DATE</u>	<u>AMOUNT</u>	(i)	Fire			(ii)	House-breaking			(iii)	Theft		
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(ii)	House-breaking																
(iii)	Theft																

DECLARATION

I / We hereby declare that the above details are in all respects true and correct.

SIGNATURE OF CLAIMANT.....
DATE.....

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