

General Insurance Company Ltd.

Head Office: 9-11 Bridge Street, P. O. Box 786, Castries
St. Lucia, W.I.

BURGLARY CLAIM FORM

Policy No. _____ Claim No. _____

Name of Insured _____ Phone No. _____

Address _____

Email Address _____

1. Date of Loss _____ Time _____ a,m/p.m

2. Address of Premises involved _____

3. Give details of how entry to the Premises was affected _____

4. Has damage to the Premises been sustained? YES ___ NO ___

If 'YES', please give details in appropriate space overleaf

5. Were the Premises occupied at the time of the loss? YES ___ NO ___

If 'NO', on what date and at what hour were the Premises last occupied?

6. Do you suspect any particular person? YES ___ NO ___

If 'YES', whom?

7. Have you notified the Police? YES ___ NO ___

If 'YES', please state

Name and number of investigating officer _____

Date of Notification _____ Which Station _____

8. Are you the sole owner of the property damaged or stolen? YES ___ NO ___

If 'NO', please give name and address of owner

9. Is there any other Insurance against this Loss? YES ___ NO ___

If 'YES', please give name and address of other Insurers

10. State value of the total contents of your Premises at the time of loss: \$ _____

11. For what sum is the total contents insured under your Fire Policy? \$ _____

12. Give the name and address of your Fire Insurers

13. Have you previously sustained loss by burglary or theft? YES ___ NO ___

If 'YES', please give brief particulars

THE DETAILS REQUIRED OVERLEAF MUST BE GIVEN

I/We declare that the above is a true and accurate statement and that the articles mentioned overleaf, being my/our property and insured under the above Policy or Policies, were stolen or damaged to the extent detailed overleaf, and I/We claim from M & C General Insurance Company Limited, the sum of \$

Signature of Insured _____ Date _____

INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM

