

## CLAIM FORM FOR BURGLARY AND HOUSEBREAKING INSURANCE POLICY

Notification of Physical Loss or Damage

**(The issue of this form is not to be taken as an Admission of Liability)**

Office Address:	Cover Note / Policy :  No
	Period of Insurance :
	Date of Accident :
	Claim Number :

**PLEASE ANSWER ALL QUESTIONS FULLY**

1.	<b>DETAILS OF INSURED</b>	
	i)	Name
	ii)	Address for correspondence
	iii)	Contact Number
	iv)	Is the Insured the Sole Owner of the property? If yes please Provide
	a.	Nature of Interest
	b.	Person who have interest on Property along with address and contact details
2.	When did the loss or damage occur? (State date and time)	
3.	The address where the property (item) covered is situated.	
4.	Is entry or exit from premises affected?, if yes specify	
5.	Is any portion of the premises damaged?, if yes specify	

Claim Form – Burglary and Housebreaking Insurance

Liberty General Insurance Limited, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013.

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: [care@libertyinsurance.in](mailto:care@libertyinsurance.in)

Call Toll Free No : 1800 266 5844, website : [www.libertyinsurance.in](http://www.libertyinsurance.in)

IRDA of India registration number: 150 | CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0008V01201213

6	Was the premise being occupied as on date of loss? If No specify the date of last occupancy	
7	What is the estimated amount of loss or damage?	
8	Is the property covered under Standard Fire and Special Perils Policy? if yes provide the below details for the policy, also attach the policy copy	
	A Name of Insured	
	B Policy No	
	C Policy Period	
	D Sum Insured	
9	When did you inform the Police Authorities of the theft and at Which Police Station	
10	Is the loss/damage covered under any other Insurance? If yes please provide the details, also attach policy copy	
11	Details of Previous loss (Losses during 3 preceding years)	
12	Any additional information relevant to processing of claim :	

**Declaration by Insured:**

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.

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- c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- d. If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be null and void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future and my / our claim shall be absolutely forfeited.
- e. The receipt of this claim form/other supporting /related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information and / or documentation in respect of the claim.

Place:

Date:

**Signature of the Insured**