



KBL Insurance

CLAIM FORM

(Company does not admit liability by the issuance of this form)

**BURGLARY
INSURANCE**

- 1. Policy Number -----
- 2. Name of Insured -----
- 3. Address of the Insured -----
- 4. E- mail address -----
- 5. Mobile number -----
- 6. Business or occupation -----
- 7. Date of last premium payment -----
- 8. Date & Time of incident -----
- 9. Location of incident -----
- 10. How did it occur? (Please give a brief description of loss) -----

- 11. How was the affected premises secured prior to the loss? -----

- 12. What steps have been taken to locate the culprit and recover what is lost?

- 13. Where was your security guard at the time of the incident? -----

- 14. Which part of the premises was entered and how? -----

15. Was the premises occupied at the time of the incident, if not, when was the premises last occupied? -----

16. Total value of the lost/damaged item at the time of the incident

17. Please give details of any report to Police including time of report, police station and action so far taken by the police.

Please give details of any suspect of the theft -----

18. Are you the bonafide owner of the property lost or damaged ? -----

Description of lost property	Date of purchase or manufacture	Cost Price (N)	Deduction for wear and tear (N)	Amount claimed (N)

19. Please give details of any other insurance cover on the lost property.

Declaration

I ----- do hereby declare that the information given above is true and correct to the best of my knowledge. I further declare that the property for which this claim is made belongs to me, and no other person has interest in it, whether as owner, mortgagee or trustee.

Signature -----

Date -----

Witness

Name -----

Address -----

Signature -----

Date -----