



BURGLARY CLAIM FORM
THE ISSUE OF THIS FORM DOES NOT CONSTITUTE ADMISSION OF LIABILITY

As soon as Loss or damage has become known, the Company must be notified without any delay. If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later. In any case, duly completed form together with relevant vouchers, etc., must be returned within fourteen days of the loss.

Claim No.

Policy No.

A. INSURED

1	Name	:	
2	Address	:	
	City	:	
3	Telephone Number	:	
4	Period of Insurance	:	From _____ To _____
5.	Occupation	:	

B. DETAILS OF THE PREMISES WHERE LOSS HAS OCCURRED

1.	Address	:	
	City	:	Pin Code:
2.	What was the premises used for?	:	
3.	How was the entry to/exit from the premises effected?	:	
4.	Which portion of the premises was affected by the entry or exit?	:	
5.	Whether the premises was occupied at the time of loss. If not, at what date and time was it last occupied?	:	
6.	Are you the sole owner of:	:	
	a. The property lost or damaged?	:	
	b. The premises?	:	
7.	Are you responsible for repair of the premises?	:	
8.	State the total value of property upon the premises at the time of loss.	:	
9.	State the amount of Fire Insurance upon such property and name & address of the Insurers	:	

Tata AIG General Insurance Company Ltd.

Corporate Office: Ahura Centre, 4th Floor, 82, Mahakali Caves Road, Andheri (E), Mumbai-400 093.

(Regd. Office: Bombay House, 24 Homi Mody Street, Mumbai 400 001.)

Offices also at: Bangalore, Chennai, Delhi, Hyderabad, Kolkata.

For more information, call the Tata AIG Toll-free 24-hour Helpline at 1-600-119966

C. DETAILS OF THE LOSS:

1.	Date & Time of Loss.	
2.	When discovered & by whom?	
3.	Give brief details of how exactly the loss occurred. (Specify overleaf the articles stolen and property damaged, if any).	
4.	Is anybody suspected of the theft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, state full details.	
5.	Has a complaint been lodged with the Police station?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, by whom, when & at which Police station? (Attach a copy of the police report).	
	If not, this may be done immediately.	
6.	Has the police apprehended any person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give details.	

D. DETAIL OF OTHER INSURANCES

	Give details of other Insurance's, if any, covering the present loss.	
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E. DETAILS OF PREVIOUS LOSSES

	Give details of Previous losses, if any, on the affected property.	
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I/We hereby declare that the foregoing particulars are true and correct in every respect and that the articles or properties described herein belong to the person/s named, with no other person having any interest therein, whether as Owner, Mortgage, Trustee or otherwise.

Place:

Date:

Signature of the Insured