Prudential
INSURANCE CO. LTD.
प्रुडेन्सियल इन्स्योरेन्स कम्पनी लि.

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BURGLARY CLAIM FORM

1. **Claim No. :** _____ **Policy No. :** _____ **Period of Insurance:**_____

2. **Insured's name & address with Telephone No.** :_____

_____

3. **Property covered** :_____

4. **Date & Time of Loss** :_____

5. **Where loss was occurred ?** : _____

6. **How was the forcible entry made ? Please give full details.** : _____

_____

_____

_____

7. **When and in which police station was the matter reported ?** : _____

_____

8. **Did Police apprehend the culprits and recover the lost items ? If so, please give details and their value.** : _____

_____

9. **Were the premises occupied at the time of loss? If so, by whom ?** : _____

10. **Do you have any suspects ?** : _____

11. **Do you have any past losses of this sort. If yes, please give full details.** : _____

_____

12. **Are you holding any such policy else-where? If so please give full details.** : _____

13. **Additional details you wish to mention :** _____

: _____

: _____

I/we hereby declare that the above statements are true to the best of my/our knowledge.

Date: _____

_____
Signature of the insured
(with official seal, if any)

A burglary Policy being a contract of INDEMNITY, all claims must be based upon the actual value of the articles at the time of Theft.

Sr. No.	Full description of articles stolen or property damaged	Name & address of the shop from where the lost items were purchased	Date of purchase	Purchase cost	Depreciation for wear & tear	Actual amount claimed
				Total		
				Depreciation for wear/tear		
				Net amount claimed		