



BURGLARY CLAIM FORM

For Office Use only
Issuing Office _____
Date of Issue _____
Claim No. _____

ROYAL SUNDARAM GENERAL INSURANCE COMPANY LIMITED

Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), 6th Floor, Karapakkam,
Chennai - 600097, Board No : 044 - 7117 7117 e.mail : customer.services@royalsundaram.in

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Please ensure that this form is completed in capital letters in all respects. Please attach additional sheet if required to answer a question.

1. Policy No.

2. Date & time of Occurrence

3. Details of the insured:

Name &
Address of the
Insured

Phone No.
Fax
Mobile

4. Details of Other Insurance Policies covering the same interest:

NAME OF THE COMPANY	POLICY NO.	POLICY PERIOD	SUM INSURED

5. Item damaged and the serial no. in the policy

6. Are you the sole owner of the property lost/damaged.?

If not state the name and address of the other parties involved and their interest

7. Details of Loss:

a	Date and time of occurrence of loss:	
b	By whom was the loss discovered and when?	
c	How was entry to the Premises effected?	
d	Have the Police been notified? If so by whom? If not, state the reason therefor.	
e	Were the premises occupied at the time of loss? If not, on what date and time were they last occupied? For how long have the premises been unoccupied since the policy was effected? Whom do you suspect of being involved in the occurrence?	
f	Is there any evidence of theft or of forcible entry into the premises?	
h	State the total value of property upon the premises at the time of loss?	

8. Details on the amount of loss

Item lost/damaged	Estimated cost of repairs / intrinsic value of property lost/damaged	Year of Purchase of the property lost/damaged	Amount Claimed

I declare that to the best of my knowledge and belief these particulars are full and true. I agree to provide any further information that may be required.

Place:
Date:

Signature of the Insured
Name:
Address:

Please submit the following documents along with the claim form within 14 days.

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| 1. F.I.R. | 5. Non-traceable report issued by police |
| 2. Invoice/Bills | 6. Indemnity bond effecting subrogation of rights |
| 3. Photographs of the premises taken after the loss | 7. KYC documents of the insured |
| 4. Final Police report | 8. Cancelled cheque leaf of the insured for effecting settlement through NEFT |