

M & C General Insurance Company Ltd.

Head Office: 9-11 Bridge Street, P. O. Box 99, Castries
St. Lucia, W.I.

BURGLARY CLAIM FORM

Policy No. _____ Claim No. _____

Name of Insured _____ E-mail address. _____

Telephone Nos. Home # : _____ Mobile # _____ Office # _____ Fax # _____

Address _____

1. Date of Loss _____ Time _____ a,m/p.m

2. Address of Premises involved _____

3. Give full details of how entry to the Premises was effected _____

4. Has damage to the Premises been sustained? YES ____ NO ____

If 'YES', please give details in appropriate space overleaf

5. Were the Premises occupied at the time of the loss? YES ____ NO ____

If 'NO', on what date and at what hour were the Premises last occupied?

6. Do you suspect any particular person? YES ____ NO ____

If 'YES', whom?

7. Have you notified the Police? YES ____ NO ____

If 'YES', please state

Name and number of investigating officer _____

Date of Notification _____ Which Station _____

8. Are you the sole owner of the property damaged or stolen? YES ____ NO ____

If 'NO', please give name and address of owner

9. Is there any other Insurance against this Loss? YES ____ NO ____

If 'YES', please give name and address of other Insurers

10. State value of the total contents of your Premises at the time of loss: \$ _____

11. For what sum is the total contents insured under your Fire Policy? \$ _____

12. Give the name and address of your Fire Insurers

13. Have you previously sustained loss by burglary or theft? YES ____ NO ____

If 'YES', please give brief particulars

THE DETAILS REQUIRED OVERLEAF MUST BE GIVEN

I/We declare that the above is a true and accurate statement and that the articles mentioned overleaf, being my/our property and insured under the above Policy or Policies, were stolen or damaged to the extent detailed overleaf, and I/We claim from M & C General Insurance Company Limited, the sum of \$

Signature of Insured _____

Date _____

INSTRUCTIONS TO BE OBSERVED IN COMPLETING THIS FORM

A full list of the articles stolen or damaged must be given.

1. Cost Price, due allowance having been made for trade discounts.
2. Date of Purchase.
3. Value at the time of the loss or damage **AFTER MAKING DUE ALLOWANCE FOR WEAR AND TEAR.**
4. Value (if any) after the occurrence, i.e. Value of Salvage.
5. The difference between 3 and 4 will represent the amount claimed.

No	Description	(1) Cost Price		(2) Date of Purchase	(3) Estimated Value at time of Loss or Damage		(4) Value of Salvage		(5) Net Amount Claimed	
	\$									

DETAILS OF DAMAGE TO PREMISES