

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED

Regd. Office: ICICI Bank Towers, Bandra Kurla Complex, Bandra (East), Mumbai – 400 051

CLAIM FORM FOR BURGLARY INSURANCE
Notification of Physical Loss or Damage

(The issue of this form is not to be taken as an Admission of Liability)

PLEASE ANSWER ALL QUESTIONS FULLY

1.	DETAILS OF INSURED	
(i)	Name	
(ii)	Address	
(iii)	Contact Number	
2.	State the address of premises at which the loss occurred. How was the said premises occupied?	
3. (i)	Date and time of losses	
(ii)	When discovered and by whom?	
4.(i)	How was entry to / exit from the premises affected?	
(ii)	Which portion of the premises was affected by the entry or exit?	
(iii)	Give brief detail of how exactly the loss occurred. (Specify the articles stolen)	

	and property damaged)	
5. (i)	Has a complaint been lodged with the police? If so, by whom and when and at which Police Station? (Attach a copy of the Police complaint.) If no, this may be done immediately and a copy thereof should be furnished to the company	
6.(i)	Were the premises occupied at the time of loss?	Yes/No
(ii)	If not, on what date and at what hour were they last occupied?	
7.	Is anybody suspected of theft? If so, state full details	
8.(i)	Is the Insured the sole owner of	
(a)	The property lost or damaged?	
(b)	The premises?	
(c)	Is the Insured responsible for repairs to the premises?	
9.(i)	State the total value of property upon the premises at the time of loss.	
(ii)	State the amount of the insurance upon such property and name(s) of the Insurer	
10	Is there any other Insurance against the present loss under any other policy? If so, give full particulars	
11	Any other information relevant to processing of claim.	

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I/We hereby agree, affirm and declare that:

- (a) The statements/information given/stated by me/us in this claim form are true, correct and complete.
- (b) The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- (c) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- (d) If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.
- (e) The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

Place:

Date:

Signature of Insured