



UNITED INDIA INSURANCE COMPANY LIMITED

Head Office: 24, WHITES ROAD, CHENNAI - 600014

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY ANSWER ALL QUESTION FULLY

BURGLARY CLAIM FORM

1. Name of Insured in full _____
2. Address _____
3. Occupation _____

4. a. Full Address of Premises broker into
- b. The day and hour the Premises were broker into
- c. How the entrance was effected ?
- d. Which rooms were entered ?

5. a. Whether the premises were inhabited at the time of the Burglary ?
- b. If not, for what periods have they been Uninhabited since the last premium Was due

6. a. When did you inform the Police Authorities of the theft and at Which Police Station

7. Whether you are the sole owner of the property stolen ?

8. State the estimated value of the total Contents of the premises at the time of



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The Burglary.

1. For what sum you insure the contents
Against Fire and with which company ?

10. Are there any other insurance against the Burglary upon the same property ? If so No five full particulars Insurance No	Rs Company Rs Company	In Policy the Policy
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11. Have you ever before sustained loss by
Fire or Burglary? If so give particulars.



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