

**Royal Sundaram****BURGLARY
CLAIM FORM**

FOR OFFICE USE ONLY

Issuing office : _____

Date of Issue : _____

Claim No : _____

ROYAL SUNDARAM ALLIANCE INSURANCE COMPANY LIMITED

46, Whites Road, Chennai-600 014. Telephone : 044-28517387 - 7391 Fax: 044-2851 5500

E-mail : customer.services@royalsundaram.in

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

Please ensure that all questions are answered in capital letters using an ink pen

Policy Number Certificate Number Card Number/
Account Number Name of the Bank/
Corporate Partner **1.INSURANCE DETAILS**Name of the Insured Address for Correspondence
(with Pin Code) Telephone Daytime / Mobile No. STD Code : Telephone Evening STD Code : E-Mail ID **2.DETAILS OF THE LOSS**Date of Loss (DD/MM/YY)Time of Loss (AM/PM)Place of Loss Circumstances of burglary Was the burglary reported to the Police ? Yes No If 'yes', please give the address of the Police Station
If 'no', please give reasons why First Information Report No.

3. DETAILS OF PROPERTY CLAIMED FOR

Full Description	Price Paid	Date of Purchase	Sum claimed for Present Value

Are you the sole owner of the property stolen ? Yes No

If no, give full details of ownership hypothecation, hire purchase or lease details

Has any claim been reported in the past on the same property during the current policy period ? Yes No

If 'yes', please give full details

4. DETAILS OF OTHER INSURANCE COVERING THE LOST PROPERTY

Sum Insured In (Rs.)	Period of Insurance	Claim No.

Has a claim been reported to any other insurer in respect of this accident ? Yes No

If 'yes', please give full details

Have you ever before sustained loss by fire or burglary ? If so give details

5. DECLARATION

I/We, do hereby declare that at or about O'clock a.m./p.m. on the day of..... 200 a burglary was committed at the above premises in the manner stated and the articles listed above were stolen. I/We declare that no other person has any interest in the said property, whether as Owners, Mortgagees, Trustees or otherwise, and that these items are not otherwise insured against Burglary, with this or any other Office, except as above stated.

Witness my hands this.....day of..... 200.....

Witness.....

Occupation.....

Signature of Insured

Address.....

Please check that all questions have been completed in full and the form signed and dated

- Please enclose
- First Information report from the Police
 - Final Investigation or Non Traceable Report from the Police
 - Proof of value of lost articles, if available