

BURGLARY (HOUSEBREAKING) INSURANCE CLAIM FORM

Please note that the issue of this claim form is not to be taken as an admission of liability

DETAILS OF INSURED	
1	Name
2	<div>Address</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>City</div> <div>Pin Code:</div> </div> <div style="margin-top: 10px;">Contact Telephone :</div> <div style="margin-top: 10px;">e-mail:</div>
PARTICULARS OF ACCIDENT	
1	Date & time of occurrence
2	Brief description of accident
3	When the loss was discovered and by whom. Place of discovery
4	How the entrance and exit effected in the premises
5	Whether the premises were occupied at the time of the Burglary ? If not, at what date and time was it last occupied?
6	What was the premises used for?
7	Details of police complaint When was FIR Filed ?
8	Give the details of suspects ? if any
9	Did police authorities detained any one? if yes please provide details

10	Provide details of the security arrangements for the premises affected	
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DETAILS OF DAMAGE		
1	Are you the sole owner of the property stolen	
2	Please provide total Value of property up on the premises at the time of loss	
3	Please provide the full details of fire insurance (please attach policy copy)	
DETAIL OF OTHER INSURANCES		
Give details of other Insurance, if any, covering the present loss		
DETAILS OF PREVIOUS LOSSES		
Give details of previous Claims, if any, on the project		
Do you wish to Reinstate the Policy : Yes/ No :		

Declaration

I/We agree to provide additional information to the company, if required. I/We the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited.

Date:

Place:

Signature of insured with company's seal

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email** ID: gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800