



ST. VINCENT INSURANCES LTD.

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## Burglary Claim Form

Policy No. ....

Claim No. ....

**INSURED**

Insured's Name in full ..... Tel. No. ....

Insured's Private Address ..... Tel. No. ....

Insured's Business Address ..... Fax No. ....

Business or Occupation ..... E-mail .....

**1. CIRCUMSTANCES**

- a. Date and time of loss or damage ..... a. ....
- b. Address or location where loss or damage occurred ..... b. ....
- c. When was the property last seen? (Please state date and time) ..... c. ....
- d. Where was property last seen and by whom? ..... d. ....
- e. When and by whom was loss or damage discovered? ..... e. ....
- f. Do you suspect any particular person? If yes, whom? ..... f. ....
- g. Were the Police Authorities informed? (Please state address of station and date report was made) ..... g. ....

**2. PREMISES**

- a. Were the Premises entered forcibly? ..... a. ....
- b. How was entry to the Premises was gained? ..... b. ....
- c. Were the Premises occupied at the time of loss? If no, state date and time the Premises were last occupied. ..... c. ....
- d. Are the Premises protected by and alarm? If yes, did it operate? ..... d. ....

**3. PROPERTY**

- a. Are you the sole owner of the property damaged or stolen? If no, give name and address of the owner. ..... a. ....
- b. Is there any other insurance on the property? If yes, give the name and address of other insurers. ..... b. ....

