

Head Office: 63, Dilkusha Commercial Area, Dhaka-1000

BURGLARY CLAIM FORM

| (The | issue of this claim form is not to be taken as an admission | n of liability by the Insurers.) | | | | |
|---------------------------|--|--|--|--|--|--|
| The | Insured | | | | | |
| | | | | | | |
| Claii | m under policy No | | | | | |
| Polic | sy Validity | | | | | |
| - | | | | | | |
| 1. | Address of the premises which the loss sustained | | | | | |
| 2. | (a) When was the loss discovered? | (a) | | | | |
| | (b) By whom was it discovered? | (b) | | | | |
| | (c) Were any witnesses present at the time of the | | | | | |
| | discovery? if so, please state their names and addresses | (c) | | | | |
| | addresses | | | | | |
| 3. | Give the date of informing the police of police station | | | | | |
| | (The police must be informed promptly in all cases) | | | | | |
| | | | | | | |
| 4. | Which rooms were rifted? | | | | | |
| 5. | How were the premises centered? | | | | | |
| 6. | (a) Were the premises occupied at the time of the | (a) | | | | |
| | loss? (b) If not, on what date and at what hour wre they | (b) | | | | |
| | last occupied? (c) Was the insured Property guarded by an appointed guard? . | (c) | | | | |
| | | | | | | |
| 7. | Do you suspect any person or persons? If so, please | i i | | | | |
| - | state the parties in mind | | | | | |
| 8. | (a) Are you the sole owner of the property for which | (a) | | | | |
| | the claim is made? | | | | | |
| | (b) If not, give details of other interested parties. | (b) | | | | |
| 9. | Are there any other insurances against theft | | | | | |
| | /Burglary upon the same property? | | | | | |
| 10 | What was the total value of the contents of your | | | | | |
| 10. | premises at the time of the loss? | | | | | |
| - | | | | | | |
| 11. | Have you ever before sustained loss by Fire, Burglary, | | | | | |
| | House Breaking, Larceny? Was a claim made upon any | The production of the second o | | | | |
| | amount paid. | | | | | |
| | | | | | | |
| I/W | | | | | | |
| | | | | | | |
| | rleaf. | name, date nature of loss and ve is a full and accurate statement, and 1/We therefore claim the sum of Tk. as the amount due to me/us in respect of the loss of property detailed Signature of Insured | | | | |
| Date Signature of Insured | | | | | | |

INSTRUCTIONS FOR COMPLETION OF THIS FORM

- (a) The form must be fully completed and sent to the company or its loss Adjusters within seven days of the discovery of the loss:
- (b) Stock claims should show actual cost of manufacture or invoice cost, less discounts, Selling prices should NOT be claimed.
- (c) If any goods are included in a hire purchase contract they must be declared separately.

| | | | (1) Description of property in respect of which this claim is made |
|---------------------------------|--|--|--|
| | | | (2) Date when bought or received |
| | | | (3) Where bought or, if a present, Name and Address of giver |
| | | | (4) Cost price (less Discounts) |
| | | | Value at time of loss after allowing for wear and tear |
| r russen kun sår s e solg | | | (6) Net amount claimed |
| | District The setting the second of the secon | | (6) Remarks. |

Date.....