



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

ADDRESS OF POLICY
ISSUING OFFICE

Claim No.: _____

Date of Issue: _____

ALL IN ONE HOME PROTECTOR POLICY

UIN: IRDAN106RP0064V01201819

BURGLARY CLAIM FORM

Note: This claim form is applicable for Section 2 – **Burglary & Housebreaking Including Larceny or Theft and Other Perils** and Section 6C – **Pedal Cycle**

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, within 15 days, from the date of occurrence.

Please tick the section in which the claim is preferred:

Section 2 – Burglary & Housebreaking Including Larceny or Theft and Other Perils

Section 6C – Pedal Cycle

Policy Number	
Insured Name	
Address for Correspondence	
Sum Insured under the Section	
Complete Address of Location of Loss	
Date and time of loss. When was the loss discovered and by whom	
How was entry to the premises affected?	
Has the police been notified? If so, by whom & when and at which Police Station. If not, please state the reason.	
Was the Insured house occupied at the Time of the loss? If not, please specify when it was last occupied? For how long, has the Insured house been unoccupied since the policy was effected or last renewed?	
Is anybody suspected of the theft/burglary? If so, please state full details.	
If there is no evidence of theft or of forcible entry of the	

premises, has a thorough search been made for the articles missing?	
Are you the sole owner of (i) the property lost or damaged? (ii) Of the premises? Are you responsible for repairs to premises?	
Have you ever before sustained loss by burglary, housebreaking or theft? (If so, please state particulars)	

Description of event:

Details of Other Existing Insurances		
Name & Address of Company	Policy Number	Sum Insured

DETAILS OF INSURED'S BANK ACCOUNT:

a) PAN b) Account Number

c) Bank Name and Branch:

d) Cheque/ DD Payable details: e) IFSC Code:

I/We, declare that all statements made on this form are true to the best of my/our knowledge and belief and that the articles and property described belong to the persons named, no other person having any interest therein, whether as Owner, Mortgagee Trustee or otherwise.

I/We agree that 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, my/our claim shall be absolutely forfeited, and the Policy shall be null and void.

