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BURGLARY INSURANCE CLAIM FORM
THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM

Name: _____ Policy No: _____

Address: _____

Business or Occupation: _____ Telephone No. _____

Email Address: _____

1. Please give the following information about your loss:

(a) When did it happen? At _____ a.m./p.m.

On: _____

(b) Where did it happen? _____

(c) How did it happen? :

(d) What steps have been taken to discover the guilty person or persons and to trace and recover the property lost?

2. Please give the following information about your premises:

(a) How was entry to the premises apparently effected? _____

(b) Which portion of the premises was entered? _____

(c) Were they occupied at the time? _____ If not when were they last occupied

3. Please give the total value of the contents of your premises at the time of the loss: ~~N~~

4. (a) Have you informed the police? _____ (b) If so, by whom and when and at what police station?
