



Phoenix Of Swaziland Assurance Company Ltd.

BURGLARY CLAIM FORM

The issue of this form does not imply Admission of liability on the part of this Company. All questions must be answered in Full – Ticks and Dashes are not Acceptable

Name of the Insured.....

Full Address.....Telephone No.....

Occupation or Business:.....Fax No.:.....

Policy No.....Claim No.....

Full Address of the premises from which the Loss Occurred?	
1. When is the Theft believed to have been committed?	Date:.....Hr.....Am/Pm.....
2. (a) When was the Loss Discovered? (b) By whom was it discovered?	(a) (b)
3. What is the Amount of Loss? (complete reverse side of this form)	E
4. Describe fully how the thieves entered the premises and state which doors or windows were forced open?	
5. From which part of the premises was the property stolen?	
6. (a) Are you the sole occupier of the premises? (b) If not, give the give the Names of the other occupants?	(a) (b)
7. (a) Were the premises occupied at the Time of Loss? (b) If not, when were they last occupied	(a) Yes/No (b) Date.....Hr.....Am/Pm.....
8. (a) Has the loss been reported to Police (b) If Yes, (i) Name of the Police Station (ii) When was the Report made? (iii) Name the person who reported to the Police (iv) Has any arrest been made? (v) Have any of the stolen items been recovered?	(a) Yes/No (b) (i) (ii) (iii) (iv) (v)

<p>9. (a) Do you suspect any person of having been implicated in the theft? (b) If yes, (i) Give name and address of the person (ii) Give reasons why you suspect the person</p>	<p>(a) (b) (i) (ii)</p>
<p>10. (a) Are you the sole owner of the Property Stolen and/or Damaged (b) If not, give full information regarding ownership</p>	<p>(a) Yes/No (b)</p>
<p>11. What was the Total Value within the premises at the Time of Loss: (a) All property owned by you (b) Goods held by you in trust and on commission</p>	<p>(a) E (b) E</p>
<p>12. (a) Are the premises and/or contents Insured against Fire? (b) If yes, (i) Give name of Insurance Company (ii) Give amount Insured</p>	<p>(a) Yes/No (b) (i) (ii)</p>
<p>13. (a) Is there any other Insurance covering this loss? (b) If yes, (i) Give name of Insurance Company (ii) Give amount Insured</p>	<p>(a) Yes/No (b) (i) (ii)</p>
<p>14. (a) Have you previously ever suffered Loss by Fire, Housebreaking or Theft? (b) If yes, give the following details</p>	<p>(a) Yes/No (b) Cause Date Amount (i) Fire (ii) House-breaking (iii) Theft</p>

Declaration

I/We hereby declare that the above details are in all respect True and Correct

SIGNATURE..... DATE:.....

Stamp)

(Official

STATEMENT OF CLAIM

The amount to be claimed on any article must be limited to the actual intrinsic value at the Time of the Loss. Details of damage if any should be stated and an estimate for the repairs should be forwarded with this statement.

Item No.	Give full Description	Name and Address of Shop where bought or of Person from whom obtained	Date of Purchase or of Gift	Cost Price	Deduction For wear and tear	Amount now claimed	Remarks