

COLONIAL FIRE & GENERAL INSURANCE COMPANY LTD.

Head Office: Corner Duke & Abercromby Streets, Port of Spain, Trinidad W.I. Telephones: 62-322U/3; 32205

BURGLARY CLAIM FORM

The Company does not admit liability by issuing this form.

Name of Insured

Address in full

Policy Number Renewal Date

1. State the cause of the loss, whether Burglary or Housebreaking.	
2. Give the date when the loss occurred, and the date of the discovery thereof.	
3. State whether the premises were occupied at the time of the loss. If unoccupied, how long had they been left?	
4. State address and from which part of premises the property was stolen.	
5. How was entry to the premises obtained?	
6. What steps have been taken to discover the guilty person or persons, and to trace and recover the property lost?	
7. State address of Police Station and name of Officer dealing with the case.	
8. At the time of the loss, what was the approximate total value of the <i>whole</i> contents of premises?	
9. Has any other person an interest of any description in the property claimed for?	
10. Is the property claimed for insured elsewhere against Burglary or Housebreaking? If so, give particulars.	
11. Have you previously suffered a loss by Burglary or Housebreaking? If so, give particulars.	
12. On what basis is the amount of the claim arrived at?	

DECLARATION

I/We the undersigned, do hereby declare that, to the best of my/our knowledge and belief, the foregoing particulars and the details given in the attached Statement of Claim are true and correct.

Date 19

Signature of Insured