



# INSURANCE COMPANY LIMITED

UNITED INSURANCE CENTRE, LOWER BROAD STREET  
BRIDGETOWN, BARBADOS, W.I.

## BURGLARY / THEFT CLAIM FORM

BRANCH OR AGENT .....

Claim No. ....

Policy No. ....

1. Name of Insured .....  
Address .....  
.....  
..... Telephone No. ....  
Profession or occupation .....

2. (a) Date and time when the loss or damage occurred	
(b) Date and time when the loss or damage was discovered and by whom .....	
3. (a) Address of the premises where the loss or damage occurred .....	
(b) How were the premises secured? .....	
(c) Were the premises occupied at the time of the loss or damage? .....	
(d) Have the premises been left unoccupied by day or night during the last twelve months? If so state for how long .....	
(e) How was entrance to the premises gained? .....	
4. (a) Has the loss been reported to the Police? If so, state when and the name and address of Police Station .....	
(b) What other steps have been taken to trace and recover the property stolen and the person responsible? .....	
5. Please give here full particulars of the manner and circumstances of the loss or damage .....	
(Please also list each item of the claim on the reverse side of this form)	
6. Have you previously suffered loss by Fire or Burglary? If so, give full particulars and the name of the Insurance Company concerned (if any) .....	
7. What other Insurances, if any, are in force upon the property lost or damaged? .....	

I/We declare the above statements are true and that no other person has any interest whatsoever in the property lost or damaged.

Date .....

Signature of Insured .....

(Please see reverse side)

