



PICIC
INSURANCE

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BURGLARY CLAIM FORM

Policy No. _____

Claim No. _____

1. Insured's Name and Address	
2. Business Address Occupation	
3. Address of premises where theft occurred. (State whether private house, sale shop, flat, hotel, etc. or outbuilding thereof)	
4. (a) Date and time of theft (b) When discovered and by whom (c) How committed? (Give details of articles stolen and property damaged on the other side hereof).	
5. When were the Police notified, and at what station?	
6. If there is no evident of theft, or of forcible entry of the premises, has a thorough search been made for the articles missing?	
7. (a) Were the premises occupied at the time of theft? (b) If not, on what date and at what hour were they last occupied?	
8. Are you: (a) Owner of the premises (b) Responsible for repairs	
9. Have you ever before sustained loss by theft? (if so, please state particulars)	
10. Are you insured against the present loss under any other policy, e.g. All Risks, Passengers, Baggage, Motor Car, Golfers, etc.?	

I declare that all statements made on this form are true to the best of my 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.

Date _____

Insured's Signature _____

Seal (in case of a company)