



**NEW INDIA
ASSURANCE**

BURGLARY CLAIM FORM

SUVA

Harifam Centre, 2nd Floor, Cnr, Renwick Road & Greig St
G.P.O Box 71, Suva, Fiji Islands. Ph: 313488 Fax: 302679

LAUTOKA
LABASA

155 Vitogo Parade, P.O.Box 257, Lautoka, Fiji Islands. Ph: 661344 Fax: 665302
First Floor, R.B. Patel Complex, Naseakula Road.
P.O.Box 1094, Labasa, Fiji Islands. Ph: 812880 Fax: 812230

NADI

Crown Investment Building, First Floor, Main Street
P.O.Box 1073, Nadi, Fiji Islands. Ph: 703300 Fax: 703229

Registered Office : New India Assurance Building, 87 Mahatma Gandhi Road, Fort, Bombay – 400023
THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY.

ANSWER ALL QUESTIONS AND FULLY

The Policy Number to be entered on this form **MUST BE** that

N . B. which appears on the **LATEST** Renewal Intimation or-
communication received from the Company.

Policy No.	Branch or Agent to whom You paid your last premium
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1. Name of insured
- 2a. Address (Private) Telephone No.....
- b. Address (Business) Telephone No.....
- 3 Trade or Occupation (if more than one state all)
- 4 Situation of premises or place where loss or damage occurred
5. Date of loss or damage Time..... am/pm.....
6. Explain fully how the loss or damage occurred.....
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7. When was the loss or damage discovered? Date Time am/pm
8. By whom was the discovery made?

9. (a) Whether the premises were inhabited at the (b) If not, for what periods have they been uninhabited since the last premium was due	
10. When did you inform the police Authorities of the theft and at which station	
11. Are you the sole owner of the lost, damaged or destroyed property? If not, state the name (s) of any other interested Parties and the nature of their interest.	
12. State the estimated value of the total contents of the Premises at the time of the Burglary.....	
13. For what sum you insure the contents against Fire and with what Company?.....	
14. Was there at the time of the occurrence any other existing insurance, effected by you or any other persons, on the property for which this claim is made. If so, please give details.	

15. Whether you have ever before sustained loss by fire or Burglary? If so give particulars.	
16. In respect of damage to buildings or landlord's fixtures, (including internal decorations), are you responsible for the repair of such damage under the terms of a tenancy agreement	

PARTICULARS OF CLAIM

NOTE 1 The amount to be claimed on any one article is limited to the intrinsic value at the time of the loss.

NOTE 2 The information required must be given fully, otherwise the claim cannot be entertained.

DETAILED LIST OF PROPERTY DESTROYED OR DAMAGED	WHERE AND WHEN BOUGHT OR OBTAINED		COST PRICE	ACTUAL VALUE AT TIME OF LOSS AFTER ALLOWING FOR DEPRECIATION	VALUE OF SALVAGE	COST OF REPAIRS	NET AMOUNT CLAIMED
	PLACE	DATE					
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I/We the above named being insured under the above Policy do hereby declare and set forth that at or about o'clock am/pm on the day of 20..... a theft was committed at above described Premises in the manner stated and the articles enumerated in the articles enumerated in the within list and valued at the sum of were stolen therefrom and I/We do further declare that no other person has any interest in the said Property, whether as Owner, except as above stated.

Witness my hand this..... day of..... 20.....

Witness: Signature of Insured

IMPORTANT

- 1. This form should be completed and forwarded to the Company at the address shown above as soon as possible and in no case later than 7 days from the date of the occurrence. Claimants are advised to read the conditions of the Company's policies regarding claims before completing this form.
- 2. As from the date of loss the sum Insured becomes reduced up to the date of the next renewal by the amount paid in settlement. If claim is for a substantial sum you are advised for your own protection to have the sum Insured restored to its original figure and to give your instructions accordingly.