



Your Trusted Risk Manager

সেনা কল্যাণ ইন্স্যুরেন্স কোম্পানী লি:
Sena Kalyan Insurance Company Ltd.
(A Concern of Sena Kalyan Sangstha)

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BURGLARY CLAIM FORM

CLAIM NO.

Policy No.Name of Insured

1. Address of the premises at which loss the was sustained	Tel. No.
2. a) When was loss discovered ? b) By whom was it discovered? c) Were there witness present at the time of discovery? If so, please state names and address	(a) (b) (c)
3. Give date the Police were advised and name of police station (The police must be advised promptly in all cases)	
4. Which room were rifled?.....	
5. How were the premises centered?.....	
6. a) Were the premises occupied at the time of loss ? b) If not, on what date and at what hour were they last occupied?	(a) (b)
7. Do you suspect any person or persons? If so, please state the parties in mind	
8. a) Are you the sole owner of the property for which the claim is made ? ... b) If not, give details of other interested parties.	(a) (b)
9. Are there any other insurance against the property lost ?	
10. What was the total value of the contents of your premises at the time of loss?.....	
11. Have you ever before sustained loss by Fire, Burglary, House Breaking, Larceny? Was a claim made upon any Insurer? If so state name, date & nature of loss and amount paid.	

I / We declare that above is a full and accurate statement, and I/We therefore claim the sum of **Tk.....** as the amount due to me / us in respect of the loss of property detailed overleaf.

Date :

Signature of Insured

INSTRUCTIONS FOR COMPLETION OF THIS FORM

- The form must be fully completed and sent to the company or its Loss Adjusters within seven days of the discovery of the loss.
- Stock claims should show actual cost of manufacture or invoice cost, less discounts. Selling price should NOT be claimed.
- If any goods included in a hire purchase contract they must be declared separately.

P.T.O.

Description of property in respect this claim is made	Date when bought or received	Where bought or if a presentation name and address of giver	Cost price (Less Discount)	Value at time of loss after allowing for wear & tear	Net Amount Claimed	Remarks

If necessary, please continue on a separate sheet.

Date:

Signature of Insured