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BURGLARY CLAIM FORM

INSURED NAME IN FULL _____

ADDRESS & TELEPHONE NO _____

POLICY NO. _____

1. Address of premises at which theft was committed.	
2. State date and time of theft.	
3. How was entry effected?	
4. Do you suspect any person?	
5. Date and hour loss was discovered.	
6. Date the police were advised of loss.	
6a. At what station	
7a. Was there anyone at the premises at that time?	
7b. Give Name and Address.	
8. How many days have the premises been unoccupied during the past Twelve months	
9a. If a night watchman is employed, Where was he at the time of the theft?	
9b. State name of security agent (Enclose With this contract of agreement)	
10. State the exact location in the premises From which the articles stolen were removed.	
11. Were all means of access of the premises Properly secured at the time of the theft?	

12.	What was the total value of the contents of your premises at the time of the theft?	
13.	Amount of Fire Insurances on the premises and the name of the Fire Insurance Co.	
14.	Are there any other Insurances against theft upon the same property? If so, give details.	
15.	State where the stock books and records were located at the time of the theft.	
16.	Give details of records of previous loss in the premises or any other premises on similar goods.	

Instructions Regarding Claims

1. The statement of claim should be completed and forwarded to the company immediately.
2. The police must be advised of the loss immediately.
3. The insure must at once take every practicable step that may lead to the discovery and punishment of the guilty party or parties, also for tracing and recovering the property stolen, and should communicate to the Company any suspicions he may have as to the person or persons responsible.
4. Private residence, the following particulars are necessary:-
List of articles stolen
Cost price of each when bought, supported by Receipts Value at time of theft after allowing for depreciation.
5. Business premises, the following particulars are necessary:-
List of articles stolen.

Net wholesale cost price of each article; when and where bought and manufacturer's name

Value of articles at time of theft.

Special notices:-

By the conditions the policy is rendered void if any claim be fraudulent or intentionally exaggerated, or if false statement or declaration be made in support of it. It is therefore important that this claim form should be completed with great care.

STATEMENT OF CLAIM

IF ANY OF THIS PROPERTY IS NOT OWNED BY YOU PLEASE GIVE PARTICULARS

No of articles	Full description	When bought	Name and Address of seller	Price paid		Amount claimed

IF ANY OF THE INSURED PROPERTY THE SUBJECT OF THIS CLAIM IS RECOVERED EITHER BEFORE OR AFTER INDEMNITY HAS BEEN PROVIDED UNDER THE WITHIN NAMED POLICY THE COMPANY MUST BE NOTIFIED IMMEDIATELY.

I/We hereby declare that the within mentioned property belong to me/us (or a member of my household permanently residing with me) and insured by the policy was stolen in the circumstances stated within; and I/We

further declare that no person except: _____
has any interest in the said property.

Witness my hand _____ day of _____ 20_____

Insured Signature _____ Witness _____