



দেশ জেনারেল ইন্স্যুরেন্স কোম্পানী লিমিটেড

Desh General Insurance Company Limited

Head Office: Jiban Bima Bhaban, Level # 5, 10 Dilkusha C/A, Dhaka-1000.

BURGLARY CLAIM FORM

Claim under policy No..... Name of Insured

1. Address of the premises at which the loss was sustained	Tel. No.
2. (a) When was the loss discovered?..... (b) By whom was it discovered?..... (c) Were there witnesses present at the time of the 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 rooms were rifled?.....	
5. How were the premises entered?	
6. (a) Were the premises occupied at the time of the 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 made?..... (b) If not, give details of other interested parties	
9. Are there any other insurances against theft upon the same property?.....	
10. What was the total value of the contents of your premises at the time of the loss?.....	
11. Have you ever before sustained loss by Fire, Burglary, House Breaking, Larceny?..... Was a claim made upon any Insurers? 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 corporation 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 prices should NOT be claimed.
- If any goods are included in a hire purchase contract they must be declared separately.

TURN OVER.

(1) Description of property in respect of which this claim is made	(2) Date when bought or received	(3) Where bought or if a present, name and address of giver.	(4) Cost price (less Discounts)		(5) Value at time of loss after allowing for wear and tear		(6) Net amount claimed		(7) Remarks

Date.....

If necessary, please continue on a separate sheet.

Signature of Insured