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Telephone: (868) 657-GGIL (4445) • Fax: (868) 652-5228

BURGLARY CLAIM FORM

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

(Please use block capitals and do not leave blanks or answer a question with a dash)

Pol	icy No.: Clair	aim No.:					
	ured: Pho						
Add	dress:						
Em	ail Address:						
1.	Date of Loss Time			a	ı.m/p.m.		
	mm/dd/yy						
2.	Address of Premises involved						
3.	Give details of how entry to the Premises was effected						
4.	Has damage to the Premises been sustained? If 'YES', please give details in appropriate space overleaf			YES 🗆	NO 🗆		
5.	Were the Premises occupied at the time of the loss? If 'No', on what date and at what hour were the Premises last occupied			YES 🗆	NO 🗆		
6. If '\	Do you suspect any particular person? 'ES', whom?			YES 🗆	NO 🗆		
7.	Have you notified the Police? If 'YES', please state Date of Notification Which Station			YES 🗆			
	mm/dd/yy If 'NO', please explain why						
8.	Are you the sole owner of the Property damaged or stolen? If 'NO', please give name and address of owner	YES 🗆	NO 🗆				
9.	Is there any other insurance against this Loss? If 'YES', please give name and address of other Insurers			YES 🗆	NO 🗆		
10.	State the value of the total contents at your Premises at the time of loss:		\$				
11.	For what sum is the total contents insured under your Fire Policy?		\$				
12.	Give the name and address of your Fire Insurers						
13.	Have you previously sustained loss by burglary or theft? If 'YES', please give brief particulars	YES 🗆	NO 🗆				

THE DETAILS REQUIRED OVERLEAF MUST BE GIVEN

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A full list of the articles stolen or damaged must be given.

- 1. Cost Price, due allowance having been made for trade discounts.
- 2. Date of Purchase.

Date_

(mm/dd/yy)

- 3. Value at the time of the loss or damage. AFTER MAKING DUE ALLOWANCE FOR WEAR AND TEAR.
- 4. Value (if any) after the occurrence, i.e. Value of Salvage.
- 5. The difference between 3 and 4 will represent the amount claimed.

No.	Description	(1) Cost Price	(2) Date of Purchase	(2) Estimated value at time of Loss or damage	(4) Value of Salvage	(5) Net Amount Claimed	
	\$						
 DETA	ILS OF DAMAGE TO PRI	EMISES					
	eclare that the information y and insured under the a						
	v and modica under the a	LANGE OF CHILD VICE I	CONTRACTOR VVCAIGO C				

Form No. GG-BIP-CLM-07/10

Signature of Insured

If Company Please Affix Company Stamp