

CLAIM REPORT FORM



29/F, BEA Tower, Millennium City 5,
418 Kwun Tong Road, Kowloon, Hong Kong
Tel: (852) 3608 2888 Fax: (852) 3608 2938

CLAIM NUMBER
(Office use)

POLICY NUMBER

PROPERTY
BURGLARY-THEFT-ROBBERY
HOUSEHOLDERS

INSURED : _____ CONTACT TEL NO _____

PRESENT ADDRESS : _____

CLAIM IS HEREBY PRESENTED TO _____

FOR \$ _____ LOSS, \$ _____ PROPERTY DAMAGE, TOTAL \$ _____ CAUSED BY _____

WHICH OCCURRED AT _____

ON _____, 20____, AT ABOUT _____ M., IN THE FOLLOWING MANNER : _____

FOR BURGLARY LOSSES ONLY

WERE THERE VISIBLE MARKS OF FORCIBLE ENTRY TO THE PREMISES ? _____ TO ANY SAFE OR VAULT INSURED ? _____

IF ANSWER IS "YES", DESCRIBE THESE MARKS IN DETAIL _____

POLICE REPORT

1. WHERE MADE _____ DATE _____

2. ANY POLICE ACTION TAKEN ? _____ REPORT REF NO. : _____

(N. B. PLEASE ATTACH COPY OF STATEMENT OF POLICE REPORT IF ANY)

FOR THEFT OR ROBBERY

NAMES AND ADDRESS OF CUSTODIAN, GUARDS, AND WITNESSES :

NAME	ADDRESS	CUSTODIAN, GUARD, OR WITNESS

THERE IS NO OTHER INSURANCE APPLICABLE TO THIS LOSS EXCEPT AS STATED HEREIN

NAME OF INSURANCE COMPANY	POLICY PERIOD	COVERAGE OR BOND FORM	AMOUNT OF INSURANCE
	FROM TO		
	FROM TO		
	FROM TO		

