



農銀國際保險有限公司

CAF INTERNATIONAL INSURANCE CO., LTD.

Member of Agricultural Bank of China 中國農業銀行集團成員

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ISO 9001: 2000  
Certificate No.: HK04/0051

## BURGLARY & THEFT CLAIM FORM

RM/BUR/05

Name of Insured ..... Occupation .....

Address .....

..... Telephone No. ....

Policy No. .... Renewal Date .....

1 When and where did the loss or damage occur?	Time a.m. .... Date ..... p.m. Address .....
2 Give full details of how entry to premises was effected	
3 Which rooms were entered?	
4 Were the premises occupied at time of loss? If NO, on what date and at what hour were they last occupied	YES/NO
5 Do your suspicions rest upon anyone? If YES, whom?	YES/NO
6 Have you informed the Police Authorities? If YES, date of notification address of Police Station and Police Case Number	YES/NO
7 Are you the sole owner of the property damage or stolen? If NO, give name and address of owners	YES/NO
8 Is there any other insurance against this loss? If YES, give name and address of Insurers	YES/NO
9 At the time of the loss at what amount would you value the total contents of your premises?	
10 Have you ever before sustained loss by burglary or theft? If YES, give brief particulars.	YES/NO

**THE DETAILS REQUIRED OVERLEAF MUST BE GIVEN**

We/I do hereby declare that the above is a full, true and accurate statement, and We/I further declare that the articles mentioned on the other side being our/my property, and insured under the above named Policy or Policies, were lost or damaged by the stated occurrence according to the extent and values detailed overleaf, wherefore We/I claim from the CAF INTERNATIONAL INSURANCE CO., LTD. the sum of .....

Signature of Claimant .....

Date .....

P.T.O.

