



FOR OFFICE USE ONLY	
Issuing office :	_____
Date of Issue :	_____
Claim No :	_____

ROYAL SUNDARAM ALLIANCE INSURANCE COMPANY LIMITED

46, Whites Road, Chennai-600 014. Telephone : 044-852 2123 Fax: 044-851 7384  
E-mail : royalsundaram@vsnl.net

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Please ensure that all questions are answered in capital letters using an ink pen

Policy Number	<input type="text"/>	Certificate Number	<input type="text"/>
Card Number/ Account Number	<input type="text"/>	Name of the Bank/ Corporate Partner	<input type="text"/>

1.INSURANCE DETAILS

Name of the Insured

Address for Correspondence (with Pin Code)

Telephone Daytime / Mobile No. 

STD Code :	<input type="text"/>
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Telephone Evening 

STD Code :	<input type="text"/>
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E-Mail ID

2.DETAILS OF THE LOSS

Date of Loss  (DD/MM/YY)

Time of Loss  (AM/PM)

Place of Loss

Circumstances of burglary

Was the burglary reported to the Police ? Yes  No

If 'yes', please give the address of the Police Station  
If 'no', please give reasons why

First Information Report No.

**3. DETAILS OF PROPERTY CLAIMED FOR**

Full Description	Price Paid	Date of Purchase	Sum claimed for Present Value

Are you the sole owner of the property stolen ? Yes  No

If no, give full details of ownership hypothecation, hire purchase or lease details

Has any claim been reported in the past on the same property during the current policy period ? Yes  No

If 'yes', please give full details

**4. DETAILS OF OTHER INSURANCE COVERING THE LOST PROPERTY**

Sum Insured In (Rs.)	Period of Insurance	Claim No.

Has a claim been reported to any other insurer in respect of this accident ? Yes  No

If 'yes', please give full details

Have you ever before sustained loss by fire or burglary ? If so give details

**5. DECLARATION**

I/We, do hereby declare that at or about ..... O'clock a.m./p.m. on the ..... day of..... 200 ..... a burglary was committed at the above premises in the manner stated and the articles listed above were stolen. I/We declare that no other person has any interest in the said property, whether as Owners, Mortgagees, Trustees or otherwise, and that these items are not otherwise insured against Burglary, with this or any other Office, except as above stated.

Witness my hands this.....day of..... 200.....

Witness.....

Occupation.....

Signature of Insured .....

Address.....

Please check that all questions have been completed in full and the form signed and dated

- Please enclose  First Information report from the Police  
 Final Investigation or Non Traceable Report from the Police  
 Proof of value of lost articles, if available