



**Registered Office**  
PO Box CP5702  
Orange Park Commercial Centre  
Bois D'Orange, Gros Islet, St. Lucia  
(t) +1 758 452 8334/758 458 0092  
(f) +1 758 452 9492  
stlucia@beacon.co.tt  
beacon.co.tt

# BURGLARY CLAIM FORM

PLEASE ANSWER EACH OF THESE QUESTIONS COMPLETELY

POLICY NO. \_\_\_\_\_ CLAIM NO. \_\_\_\_\_

## Section A: personal details

1. Insured: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Occupation/business: \_\_\_\_\_
4. Tel. no. \_\_\_\_\_ E-mail: \_\_\_\_\_

## Section B: circumstances of burglary

5. Please state precisely the date and time of burglary: \_\_\_\_\_ (mm/dd /yy) at \_\_\_\_\_ (a.m./p.m.)
6. Address where loss or damage occurred: \_\_\_\_\_
7. State full circumstances of the loss or damage: \_\_\_\_\_  
\_\_\_\_\_
8. (a) Are you the sole owner of the property stolen or damaged?  Yes  No  
(b) If **No**, please give name and address of owner:  
\_\_\_\_\_
9. (a) Do you suspect any particular person?  Yes  No  
(b) If **Yes**, please state their name and address:  
\_\_\_\_\_
10. (a) Were the police notified?  Yes  No  
(b) If **Yes**, please give name and address of the police station and number of the officer:  
\_\_\_\_\_

11. What steps have you taken (if any) to recover the lost property? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. (a) Is there any other insurance against this loss?  Yes  No

(b) If **Yes**, please give name and address of other insurers: \_\_\_\_\_  
 \_\_\_\_\_

**Section C: details of items lost or damaged**

13. Have the premises sustained any damage?  Yes  No

If **Yes**, please give details \_\_\_\_\_  
 \_\_\_\_\_

14. Please give a full list of the articles stolen or damaged (attach separate form if necessary):

No.	Description	Date of purchase	Cost price	Estimated value at time of occurrence	Net amount claimed

**Declaration**

I/we the undersigned do hereby declare that the particulars supplied in this form are true in every respect, and that no information material to the claim has been withheld.

**Signature of insured/claimant:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (mm/dd/yy)

If the insured/claimant is a company, please affix company stamp: