



LASACO ASSURANCE PLC
Head Office: Plot 16, Acme Road, Ogba, Ikeja, Lagos Tel.: 01-4638394

POLICY NO _____

BURGLARY INSURANCE CLAIM FORM
THE COMPANY DOES NO ADMIT LIABILITY BY THE ISSUE OF THIS FORM

Name: _____ Policy No: _____

Address: _____ Date of payment of last premium _____

Business or Occupation: _____ Telephone No _____

1. Please give the following information about your loss:
 - (a) When did it happen? At _____ a.m./p.m. On: _____
 - (b) Where did it happen?: _____
 - (c) How did it happen?: _____

 - (d) What steps have been taken to discover the guilty person or persons and to trace and recover the property lost?
2. Please give the following information about your premises:
 - (a) How was entry to the premises apparently effected? _____

 - (b) Which portion of the premises was entered? _____
 - (c) Were they occupied at the time? _____ If not when were they last occupied

3. Please give the total value of the contents of your premises at the time of the loss: ₦ _____
4. (a) Have you informed the police? _____ (b) If so, by whom and when and at what police station? _____

5. (a) Is anybody suspected of the theft? _____
(b) If so please give full details: _____

6. Are you the sole owner of the property lost or damaged? _____
7. Have you any other insurances against burglary or theft? _____
If so, please give the name of the Insurers. _____
8. Where was your watchman at the time of the occurrence? _____

I/We declare that the foregoing answers are true and complete.
I/We hereby claim for the loss or damage as set out on the reverse of this form

Date: _____

Signature: _____

P. T. O.

