

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: \_\_\_\_\_

**DATA PROTECTION NOTICE AND CONSENT**

Lasaco Assurance Plc is data protection regulation compliant. All information submitted by you will be processed and managed in line with the Nigeria data protection regulation.

\_\_\_\_\_  
Sign

P. T. O.

