



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

**ROYAL SUNDARAM ALLIANCE INSURANCE COMPANY LIMITED**  
 46, Whites Road, Chennai-600 014. Telephone : 044-28517387 - 7391 Fax: 044-2851 5500  
 E-mail : customer.services@royalsundaram.in

**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	<input type="text"/>
Address for Correspondence (with Pin Code)	<input type="text"/>
Telephone Daytime / Mobile No.	STD Code : <input type="text"/>
Telephone Evening	STD Code : <input type="text"/>
E-Mail ID	<input type="text"/>

**2.DETAILS OF THE LOSS**

Date of Loss	<input type="text"/>	(DD/MM/YY)
Time of Loss	<input type="text"/>	(AM/PM)
Place of Loss	<input type="text"/>	
Circumstances of burglary	<input type="text"/>	
Was the burglary reported to the Police ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If 'yes', please give the address of the Police Station	<input type="text"/>	
If 'no', please give reasons why	<input type="text"/>	
First Information Report No.	<input type="text"/>	

**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