



**PIONEER INSURANCE COMPANY LIMITED**  
CLAIMS DEPARTMENT- HEAD OFFICE  
Rangs Babylonia, 246, Bir Uttam Mir Sawkat Sarak, Tejgaon, Dhaka

**BURGLARY CLAIM FORM**

CLAIM NO. ....

Policy No. .... Name of Insured .....

1. Address of the premises at which loss the was sustained	Tel. No.
2. a) When was loss discovered ? ..... b) By whom was it discovered ? ..... c) Were there witness present at the time of discovery ? If so, please state names and address .....	(a) (b) (c)
3. Give date the Police were advised and name of police station ( The police must be advised promptly in all cases ) .....	
4. Which room were rifled ?.....	
5. How were the premises centered ?.....	
6. a) Were the premises occupied at the time of loss ? ..... b) If not, on what date and at what hour were they last occupied ? .....	(a) (b)
7. Do you suspect any person or persons ? If so, please state the parties in mind .....	
8. a) Are you the sole owner of the property for which the claim is made ? ..... b) If not, give details of other interested parties.	(a) (b)
9. Are there any other insurance against the property lost ? .....	
10. What was the total value of the contents of your premises at the time of loss ? .....	
11. Have you ever before sustained loss by Fire, Burglary, House Breaking, Larceny ? ..... Was a claim made upon any Insurer ? If so state name, date & nature of loss and amount paid.	

I / We declare that above is a full and accurate statement , and I / We therefore claim the sum of **Tk.....** as the amount due to me / us in respect of the loss of property detailed overleaf.

Date : .....

Signature of Insured .....

**INSTRUCTIONS FOR COMPLETION OF THIS FORM**

- (a) The form must be fully completed and sent to the company or its Loss Adjusters within seven days of the discovery of the loss.
- (b) Stock claims should show actual cost of manufacture or invoice cost, less discounts. Selling price should NOT be claimed.
- (c) If any goods included in a hire purchase contract they must be declared separately.

**P.T.O.**

Description of property in respect this claim is made	Date when bought or received	Where bought or if a presentation name and address of giver	Cost price (Less Discount)	Value at time of loss after allowing for wear & tear	Net Amount Claimed	Remarks

If necessary, please continue on a separate sheet.