



BURGLARY/THEFT CLAIM FORM

THE ISSUE OF THIS FORM DOES NOT CONSTITUTE ADMISSION OF LIABILITY

Claim No. _____ Policy No. _____

Name _____ Address _____

Period of Insurance : From _____ to _____

Location where the property is situated _____

Date and Time of Loss : _____

How the loss occurred _____

Date discovered _____ Has the loss been reported to Police _____ Yes/No

Name of Police Station _____ Do you suspect anyone _____

Loss suffered _____

Details of articles stolen	Purchase date	Name of the Seller	Price Paid

Do you have any other insurance policy on the same property _____

Value of the Property before loss _____

I/We do hereby declare that the above is a full, true and accurate statement, and I /We further declare that the articles mentioned on the other side being my/our property and insured under the above numbered policy or Policies were destroyed or damaged by the aforesaid fire ,according to the extent and values annexed; wherefore, I /We claim from BHUTAN INSURANCE LIMITED, the sum of Nu.

YOUR INSURER OF CHOICE

Chorten Lham, Post Box No 779, Ph.339893/339894 Fax No.339895



ཡུལ་གྱི་བཅོམ་ཚོང་
Bhutan Insurance Limited
Providing Security. Building Confidence

Your insurer of
CHOICE

I/We, do hereby further solemnly and sincerely declare that I/We have not either directly or indirectly, proximately or remotely caused the loss or by connivance, fraud or misrepresentation sought to benefit thereby, I/We make the forgoing solemn declaration conscientiously believing same to be true.

Amount of loss claimed _____

Date:

Signature of the Claimant

YOUR INSURER OF CHOICE
Chorten Lham, Post Box No 779, Ph.339893/339894 Fax No.339895