



TRINRE

Reinsurance Company of Trinidad and Tobago Limited

69 Edward Street, P.O. Box 1087, Port of Spain

Trinidad and Tobago, West Indies

TELEPHONE: (868) 623-1204

FAX: (868) 623-1205

BURGLARY CLAIM FORM

Policy No. _____

Claim No. _____

Name of Insured _____

Phone No. _____

Address _____

1. Date of Loss _____ Time _____ a.m/p.m

2. Address of Premises involved _____

3. Give details of how entry to the Premises was effected _____

4. Has damage to the Premises been sustained? YES NO
If 'YES', please give details in appropriate space overleaf

5. Were the Premises occupied at the time of the loss? YES NO
If 'No', on what date and at what hour were the Premises last occupied?

6. Do you suspect any particular person? YES NO
If 'YES', whom?

7. Have you notified the Police? YES NO
If 'YES', please state
Date of Notification _____ Which Station _____

8. Are you the sole owner of the property damaged or stolen? YES NO
If 'No', please give name and address of owner

9. Is there any other Insurance against this Loss? YES NO
If 'YES', please give name and address of other Insurers

10. State value of the total contents of you Premises at the time of loss: \$ _____

11. For what sum is the total contents insured under you Fire Policy? \$ _____

12. Give the name and address of you Fire Insurers

13. Have you previously sustained loss by burglary or theft? YES NO
If 'YES', please give brief particulars

THE DETAILS SREQUIRED OVERLEAF MUST BE GIVEN

I/We declare that the above is a true and accurate statement and that the articles mentioned overleaf, being my/our property and insured under the above Policy or Policies, were stolen or damaged to the extent detailed overleaf, and I/We claim REINSURANCE COMPANY OF TRINIDAD AND TOBAGO LIMITED the sum of \$

Signature of Insured _____

Date _____

