

BURGLARY OR THEFT

If burglary or theft was from a building, how was entry gained?	
Were there any visible signs of a forced entry to the building?	Yes / No
If 'Yes' provide details	
Was an intruder alarm system in operation at the time of the incident?	Yes / No
Was the alarm activated?	Yes / No

PARTICULARS OF CLAIM

Full description of property lost, stolen or damaged	Date & place of purchase	Original purchase price	Original purchase receipts attached	Is the item repairable ?	Estimated cost of repair or replacement	Amount Claimed
			Yes/No	Yes/No		
			Yes/No	Yes/No		
			Yes/No	Yes/No		
			Yes/No	Yes/No		
			Yes/No	Yes/No		
			Yes/No	Yes/No		
Have you instructed repairs?		Yes / No				
Is the property owned by you?		Yes / No				
If 'No' to whom does the property belong?						
Do you hold any other insurance policies, which may also cover this occurrence?		Yes / No				
If 'Yes', please give details as follows						
Insurer						
Policy Number						
Sum Insured £						

DECLARATION

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We have not withheld from Primary Claims Limited any information within my/our knowledge connected with this claim.

I/We agree to provide Primary Claims Limited with any further information or documentation as may be reasonably required.

I/We understand that Primary Claims Limited does not admit liability by the issue of this claim form.

Signature(s)	Date	20
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