



**CLAIM FORM
BURGLARY INSURANCE**

1)	Name and Address of the Contributor	:	
2)	Business/Occupation	:	
3)	Policy Number	:	
4)	Date and time of occurrence	:	
5)	Date of discovery of damage/loss	:	
6)	Address where the damage occurred	:	
7)	Have police been informed of the loss? If so attach police report	:	
8)	Describe how the loss/damage occurred. Also state how entry was made to the premises at the time of occurrence	:	
9)	Estimated amount of loss	:	
11)	Is there any other insurance covering the concerned property?	:	

I/We hereby declare that the above information given is full and true to the best of my knowledge and belief.

Date :

Signature of the Contributor

**In case of any requirements or clarification, kindly contact our FGA Department
Tel: 2477200 Ext. 189-190-191-192, Administration Department Fax: 2477100 ,
Technical Departments Fax: 2476174 , E-mail Address: info@aintakaful.com**