



# GUARDIAN GENERAL

INSURANCE LIMITED

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## BURGLARY CLAIM FORM

**EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY**

**(Please use block capitals and do not leave blanks or answer a question with a dash)**

Policy No.: \_\_\_\_\_ Claim No.: \_\_\_\_\_

Insured: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Email 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?  
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 the value of the total contents of your Premises at the time loss: \$ \_\_\_\_\_

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

12. Give the name and address of your Fire Insurers

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**THE DETAILS REQUIRED OVERLEAF MUST BE GIVEN**

