



# Eloham Risk Solution

## The Burglary Protection Claim Form

### INSURED

Name

Policy No

Address

Tel. No

E-mail

Fax No

### DETAILS OF INCIDENT

Date of Occurrence

Time of Occurrence

Explain in brief how it occurred

### VALUE OF ITEMS STOLEN/DAMAGED

Total Amount

*(Please complete the items list overleaf)*

### POLICE DETAILS

Address of Station Reported

Date Reported

Time Reported

### SUSPECTS

Name & Address

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>

### OTHER INSURANCES

Company

Policy No







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