



Guardian Group

Guardian General Insurance Jamaica Limited

Kingston

19 Dominica Drive, P.O Box 401,
Kingston, Jamaica
t: 876 926 3720 f:929 2727

Montego Bay

Lot B15 Fairview II Shopping Centre
P.O Box 170, Montego Bay Jamaica, W.I
t: 876 935 6661 f:876 929 5226

BURGLARY CLAIM FORM

Branch Policy No.: Expiry Date Claim No.:

1. Insured's Name Telephone No.:

Insured's Address

2. Address of premises, or place, where loss or damage occurred.
(if lost from premises state whether private house, flat, hotel, sale-shop, etc.)

3. Full particulars of circumstances of the loss or damage.

4. a. Date and time when loss or damage was discovered Date Time

b. By whom discovered?

c. Date and time when article(s) last seen? Date Time

d. By whom last seen, and where?

5. When was the Policy notified, and at what station?

6. Has a thorough search been made for the article(s)? Yes No

7. Has the loss been advertised? Yes No

8. Have you ever before sustained - Yes No

(a) Loss by theft? Yes No

(b) Loss of, or damage to, any article of value from any other causes? Yes No

If so, please state particulars

9. (a) Is the property for which you are claiming insured against Burglary, Theft, Loss or damage to, any other Insurer or Underwriter Yes No

(b) If so, state particulars

(c) Has any other person any interest in the property, as Owner, Mortgagee, Trustee or Otherwise?

