



Theft Claim Report

Claim number: _____

Named Insured: _____

Date of loss: _____

Date Discovered: _____

Location of the theft: _____

The theft occurred in the following manner: _____

Was theft reported to police? _____ When: _____ Where: _____

If the answer to the above question was No, **report to the police immediately** & complete accordingly.

What is the police **Incident Case Number**? _____

Complete the attached inventory sheet for the articles that were stolen. Attach any receipts or invoices to document the age and/or value of the missing item.

Do you carry insurance with any other company? _____

If yes, please give the company name, policy number and claim number below:

Have you had any theft losses before? _____

If the above was answered yes, please provide the dates of theft and amount of loss:

Signature of insured completing the form

Date

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.