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Alliance AFRICA GENERAL INSURANCE
Covering Risk. Improving Lives.

THEFT / BURGLARY CLAIM FORM

(The issue of this form is not to be taken as an admission of liability)

1. Policy Information

- **Policy No.:** ....
- **Claim No.:** ....

2. Insured Details

- **Name:** ....
- **Email:** ....
- **Address:** ....
- **Occupation/Business:** ....
- **Telephone No.:** ....
- **Business:** ....

3. Loss Information

- **Address of Loss/Damage:** ....
- **Date of Loss/Damage:** ....
- **Time:** ..... hrs
- **Description of How Loss/Damage Occurred:** (Attach statement sheet)
  ....
- **Date Loss Discovered:** ....
- **Who Discovered the Loss:** ....

4. Security Details

- **Number of Guards on Premises:** .....
- **Were Guards Armed?** Yes / No

- **Names of Guards:** .....
- **Written Statements Submitted to Management?** Yes / No
- **If Not, Why?:** .....
- **Contact Person at Security Company (include Tel. No.):** .....
- **Does Management Still Support Continued Use of Security Company?** Yes / No
- **If Yes, Why (considering high number of claims):** .....

5. Claim Details

- **Amount of Claim:** ....

6. Declaration and Data Collection Consent

Data Collection Consent: I consent to the collection, verification, processing, storage and lawful use of my personal data for identification, regulatory compliance, and the provision of insurance services

I/We, the above named, do hereby to the best of my/our knowledge and belief warrant the truth of the foregoing statements in every respect. I/We agree that if any false or fraudulent statement or suppression/concealment is made, my/our claim shall be forfeited and the Policy shall be null and void.

- **Witness:** .....
- **Insured's Signature:** .....
- **Name:** ....
- **Date:** ....

7. Property Lost/Stolen or Damaged

(Attach receipts or vouchers for perusal and return)

Item No.	Full Description	From Whom Purchased	Date of Purchase	Original Cost	Amount Claimed	Remarks
1						
2						
3						
...						

8. Details of Loss

(Statement by insured or caretaker)

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9. Final Declaration

I/We declare the foregoing particulars to be true and complete.

- **Date:** .....
- **Signature & Stamp of Insured:** .....

Important Note

A Theft or All Risks policy is a contract of indemnity. All claims must be based upon the **actual value of goods or property at the time of loss** — no profit of any kind whatsoever may be included in the claim.