



# BHAKUNI Insurance Surveyors & Loss Assessors Pvt. Ltd.

(Formerly known as H.S. Bhakuni & Co.) • CIN: U93090MH2008PTC186441

Corp. Lic. No: 72467 (FELLOWSHIP - Approved by IRDA, Ministry of Finance, Govt. of India)

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MARINE • FIRE • ENGINEERING • MISC. • AVIATION • CARGO SUPERINTENDENTS • RISK INSPECTION • VALUERS • CHARTERED ENGINEERS

## BURGLARY SURVEY FORMAT

SURVEY REPORT NO. \_\_\_\_\_, INVOICE NO. \_\_\_\_\_

REF NO. \_\_\_\_\_ 1<sup>ST</sup> REM. \_\_\_\_\_ 2<sup>ND</sup> REM. \_\_\_\_\_ FINAL REM. \_\_\_\_\_

REMARK: \_\_\_\_\_

DATE OF APPLICATION & FROM: \_\_\_\_\_

DATE & PLACE OF SURVEY: \_\_\_\_\_

THE INSURER ADD, TEL, FAX & CONTACT. PERSON CELL NO.	
THE INSURED ADD, TEL, FAX & CONTACT. PERSON CELL NO.	
NAME OF THE OTHER ( ) NAME TEL, FAX & CONTACT. PERSON CELL NO.	
<b><u>INSURANCE PARTICULARS</u></b>	
TYPE OF POLICY & NO.	

PERIOD OF INSURANCE	
TOTAL SUM INSURED & COVERING BREAKUP	
SUBJECT INSURED	
RISK LOCATION OF INSURED SUBJECT	
TIME & DATE OF INCIDENT OCCURRED	
DATE INFOR. TO INSURERS	
DATE OF INTIM. RECEIVED	
DATE & PLACE OF SURVEY	
REASON OF DELAY FOR INTI.	
<b><u>SCHEDULE BACKGROUND OF INSURED</u></b>	
NAME OF ORGANIZATION (PROPRIETOR/PARTNER/DIRECTOR) NAME & ADDRESS OF BRANCHES	
YEAR OF COMPANY'S ESTABLISHMENT :	
NATURE OF BUSINESS & ANNUAL TURNOVER IN Rs.:	
NOS. OF EMPLOYEE & WORKING HRS.:	
WEEKLY OFF-DAY :	

PREMISES OWNERSHIP OR RENTAL :
PREMISES OCCUPANCY OF HOW MANY YEARS:
IF AN ERECTION/CONSTRUCTION SITE I.E. OPEN PLOT THEN KINDLY ELABORATE:
<b><u>CONSTRUCTION</u></b>
NO. OF ROOMS :
TOTAL AREA :
NO. OF FLOORS OF BLDG.:
WALLS :
CEILINGS / ROOFS:
FLOORINGS :
STRUCTURE / FRAME WORK :
INTERNAL LOFT IF ANY/MEZZANINE/BASEMENT :
WATER TANKS DETAILS:
NUMBER OF ENTRANCES / BACK ENTRANCE / ANY PRESENT (ELABORATE):
TYPE OF ENTRANCE GATE/SHUTTER:
COMPOUND WALL:
PRESENCE OF NALLA:

SAFETY MEASURES PRESENT IN THE PREMISES LIKE FIRE PROTECTION SYSTEM, EXTINGUISHER, FIRE ALARM SYSTEM ETC:

CONDITION OF THE BUILDING STRUCTURE OF PREMISES I.E. NEW, OLD, AVERAGE, DEPLORABLE ETC(ELABORATE):

HEIGHT OF INSURED'S PREMISES & COST OF THAT:

**INSPECTION, OBSERVATION & VERIFICATION**

DATE & TIME OF LOSS:

DISCOVERED BY:

ACTION TAKEN TO CONTROL THE LOSS :

POINT OF ORIGIN OF THEFT/BURGLARY (ELABORATE):

PROBABLE ENTRANCE OF MISCREANTS (ELABORATE):

DESCRIPTION OF ITEM /CASH LOST:

ESTIMATED LOSS:
TYPE/MAKE OF LOST ITEM:
DATE INFORMED TO POLICE STN. :
F.I.R. NO. & DATE:
STOWAGE CONDITIONS IN THE PREMISES:
CCTV INSTALLED DETAILS:
SECURITY ARRANGEMENTS & SHIFT:
IF AN ERECTION/CONSTRUCTION SITE I.E. OPEN PLOT:
• TOTAL AREA:
• TYPE OF CONSTRUCTION/ERECTION SITE:
• IS THE SAID SITE TOTAL ERECTION/WORK COMPLETED &/OR NO WORK BEING CONDUCTED:
• CONSTRUCTION/ERECTION/TESTING STATUS:
<b><u>CAUSE OF DAMAGE/LOSS</u></b>

