



**Stephen O'Connor & Co**

INSURANCE LOSS ASSESSORS

DATE \_\_\_\_\_

Rampark, Jenkinstown, Dundalk, Co. Louth

T: 00353 (0)429376872 F: 00353 (0)429376113

# GARDA REPORT FORM

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Ins Details** \_\_\_\_\_

**Policy No:** \_\_\_\_\_

**Claim no** \_\_\_\_\_

**Peril:** \_\_\_\_\_

**Loss ADJ:** \_\_\_\_\_

**Loss Date** \_\_\_\_\_

**Garda Pulse** \_\_\_\_\_

**Garda** \_\_\_\_\_

**Item No: Description**

**List of stolen items**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_
- 13 \_\_\_\_\_
- 14 \_\_\_\_\_
- 15 \_\_\_\_\_
- 16 \_\_\_\_\_
- 17 \_\_\_\_\_
- 18 \_\_\_\_\_
- 19 \_\_\_\_\_
- 20 \_\_\_\_\_

**\*Note any hand written additions to be initialed by Gardai.**

Policyholder signed in presence of Garda

Garda Síochána Station Stamp

Signature of garda Síochána

Date: