Magma HDI General Insurance Co. Ltd

Registered Office: 24 Park Street, Kolkata 700016.

ALL RISK INSURANCE CLAIM FORM

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delay the dispatch of this form and other particulars may be sent later

Claim Number :

Policy Number :

Period of Insurance : _____ To _____

A. DETAILS OF INSURED/CLAIMANT :

Name as per Policy : _____

Address : _____

_____

City : _____ State : _____ Pin : _____

Phone Number : _____ Mobile Number : _____

Email ID : _____

B. DETAILS OF DAMAGE/OCCURRENCE

1	Date & Time of damage/occurrence	
2	Place of damage/Occurrence	
3	Brief description of the damage	
4	Cause of loss/damage	
5	Details of witness (name, address and contact number)	
6	If by theft a. Date & Time b. How committed c. Discovered by whom and when d. Police report and investigation details	
7	Estimate of loss	
8	Additional information, if any	

C. DETAILS OF MACHINE/EQUIPMENT

1	Description of the damaged Machine	
2	Serial number in the policy	
3	(a) Sum Insured as per the policy (b)Present replacement value	
4	State whether the machine damages was under any guarantee from manufacturer. If yes, please provide the details	
5	Nature of maintenance of machinery – Attach the last maintenance report.	
6	Salvage offered by the insured towards the damaged items/machine.	

D. DETAILS OF OTHER INSURANCE :

Give details of the other insurance which is covering the present loss, if any	

E. DETAILS OF PREVIOUS LOSSES :

Give details of previous claims, if any	

DECLARATION :

I / We the above mentioned, do hereby, to the best of my/our knowledge and belief warrant the truth of the foregoing statement in every respect and I/We have made or in any further declaration the company may require in respect of the said accident shall make any false or fraudulent statement or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past of future accident shall be forfeited. I/ We also agree to provide additional information to the Company, if required.

Place: Signature of the Insured

Date: (Seal is mandatory for companies)

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT
ALL RISK INSURANCE POLICY: BASIC DOCUMENTS
• Policy Copy • Claim Form duly filled and signed by the insured • AMC Details • Invoice & present replacement value • Warranty /Guarantee details • Estimate of Loss • Repair Bills & Payment receipts original FIR, if any

---

DISCHARGE VOUCHER

CLAIM NUMBER: _____

Received the Cheque number: _____ dated: _____in favour of _____ from M/s Magma HDI General Insurance Co. Ltd., _____ the sum of Rs. _____ (rupees _____) towards FULL AND FINAL settlement of our claim under Policy number: _____ regarding the loss to our property _____ due to _____ dated _____. The assessment was explained to us in detail and the assessment sheet is shared with us. We have gone through the assessment and given the consent to make the payment. We here with discharge M/s Magma HDI General Insurance Co. Ltd. towards the above claim in full and final and there are no other claim pending on this policy.

Place: _____ Signature of the Insured

Date: _____ Stamp & Seal (for companies)