

CLAIM FORM - CONTRACTORS PLANT & MACHINERY INSURANCE POLICY

Issue of this Claim Form is not to be taken as an Admission of Liability

Toll Free No. 1800 266 3202

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

Claim Number _____ Policy Number _____

Period of Insurance : From To

A. DETAILS OF INSURED/CLAIMANT:

Name as per Policy:

Address:

City: State: Pin:

Phone: Mobile:

Email ID:

B. DETAILS OF ACCIDENT:

1) Date & Time of occurrence	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM/PM
2) Place of Occurrence	<input type="text"/>
3) Name and contact details of witness	<input type="text"/>
4) Details of accident and parts affected	<input type="text"/>
5) Cause of loss	<input type="text"/>

C. DETAILS OF ITEMS AFFECTED:

1) (a) Full description of the machinery with make & model (b) Item number in the policy (c) Its separate value	<input type="text"/>
2) At which site of the project and for what purpose the machinery was used at the time of accident.	<input type="text"/>
3) Replacement cost of machinery affected	<input type="text"/>
4) Log book and last maintenance details	<input type="text"/>
5) Previous repair details of affected machinery including nature of repairs	<input type="text"/>
6) Details of manufacturer's warranty/ guarantee.	<input type="text"/>

D. DETAILS OF DAMAGE:

1) How did the damage occurred and what is the probable cause	<input type="text"/>
2) Details or Repairs/Replacements to be carried out	<input type="text"/>
3) Estimate of loss	<input type="text"/>
4) Name, address and contact number of the repairer	<input type="text"/>
5) Salvage value offered by the insured towards the damaged items	<input type="text"/>

E. DETAILS OF OTHER INSURANCE:

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

F. 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.

(Seal is mandatory for companies)

Place _____

Date

Signature of the Insured
(Seal is mandatory for companies)

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

1. Policy copy	8. Present replacement value with quotation
2. Claim form duly filled and signed by the insured	9. Repair bills and payment receipts
3. Estimate of loss	10. Replacement bills and payment receipts.
4. Incident report	11. FIR – for major fire or malicious act claims
5. Inventory details	12. Fire brigade report – for fire claims
6. Service report by supplier/manufacture	13. Metrological report – For AOG perils
7. Invoice copies of the damaged items	14. Stock Registers – For damage to stocks/raw materials

Note: The above document list is not exhaustive and the surveyor/ Insurer may call for other relevant documents based on the nature of loss.



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 _____

Date

Signature of the Insured
Stamp & Seal (for companies)