CLAIM FORM - ERRORS & OMISSIONS INSURANCE POLICY

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



Toll Free No. 1800 266 3202

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later. This Claim Form is to be completed and signed by a Director, Partner or Principal of the Insured. Appointment of legal representatives should not occur without prior consent of Magma HDI General Insurance Co. Ltd.

Pol	icy Number :					
A	. INSURED					
Full	name of insured:		=			
Registered address			Ξ			
ot ı	nsured					
		City State Pin Code Pin Code				
		Telephone Number Mobile Number Mobile Number	_			
В.	DETAILS OF	CLAIMANT				
Full	name of Claimar	nt or potential claimant	=			
Co	party claiming agair mplete address of		=			
clai	imant		=			
		City State Pin Code Pin Code	=			
		Telephone Number Mobile Number Mobile Number				
			_			
С		INSURED'S CONTRACT WITH CLAIMANT				
1.	What were you r	retained or contracted to do (details of services)?				
			-			
2.	Wore your retain	nership / contract evidenced in writing?	-			
۷.	-	ach a copy, otherwise, please provide appropriate particulars?				
		acin'a copy, officialise, picase provide appropriate particulars:				
3.	What work/services are performed on which the claim arises or may arise?					
			_			
4.	When did you p	erform the work on which the claim arises or may arise?				
			-			
_			_			
5.	Name, designat	tion work profile of the person within your company who performed the work or against whom the claim or potential claim is directed?				
			-			
			-			
D	. DETAILS OF	CLAIM				
1.	What is the prec	cise nature of the claim (i.e. the claimant's allegations on the insured) or the circumstances which might give rise to a potential claim?				
			-			
2	On which date	did you first because source of the claim on the sign materians leading to a claim DDUVVVV	_			
2.	On which date did you first become aware of the claim or the circumstances leading to a claim. DDMMYYYYY If received by you in writing, please provide a copy of the correspondence.					
		ive a first person account of the conversation:				
	oral, picase gi	possess decessin of the control deficit.				
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3.	What amount is being claimed? Please provide breakup, if available?
4.	What are your comments in response to the claim and your opinion on the quantum of claim?
5.	Are there any other details that you might wish to share with USGIC or which could be of interest so that we might have a better understanding of the circumstances leading to the claim? Please provide documents, if any.
6.	As of now, have you engaged any legal representative to act for you? If so, please provide name, firm, address and charge out rates:
E	DECLARATION AND AUTHORIZATION
	e information and answers given above are true, correct and complete in every detail.
I/W	/e understand that the claim may be refused if information is not true or is withheld.
	e authorize Magma HDI General Insurance Co. Ltd. to give to and obtain from other insurers, government bureaus or any other agency any information that y may deem fit to make a decision on indemnity during the course of this contract.
Full	Name of Person Signing:
Des	signation of the Person Signing:
Pla	ce:
Dat	

Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016. | CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 dated 22nd May, 2012 | URN: E&O.ver.01-01-21 CF | Trade Logo displayed above belongs to M/s Microfirm Capital Private Limited and HDI Global SE and is used by Magma HDI General Insurance Company Limited, under license.