

CLAIM FORM - STANDARD FIRE AND SPECIAL PERILS POLICY

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. Other particulars may be sent later.



General Insurance Company Ltd.

Toll Free No. 1800 266 3202

Claim Number: _____ Policy No: _____

Period of Insurance: From To

A. DETAILS OF INSURED/CLAIMANT

Name

Address

City State Pin Code

Phone Number: Mobile Number

Email ID:

B. DETAILS OF LOSS / ACCIDENT:

Date & time of Occurrence

Name of the Loss Location

Name of the witness at Location Contact Number

Purpose for which the premises being used at the time of loss _____

Describe the cause & extent of loss in detail _____

C. ESTIMATE OF LOSS

Sl.No	Description of the property claimed	Sum Insured in Rs.	Amount claimed in Rs.

D. GENERAL

- Has the loss or damage been reported to the Police/Fire Brigade: Yes No
If yes, please attach a legible copy of FIR/Fire Brigade Report
- Has the loss/damage been caused due to AOG perils like flood, earthquake etc: Yes No
If yes, please attach a copy of report from the meteorological deptt/newspaper clipping
- Is there any other insurance covering the present loss: Yes No
If yes, please provide name of Insurer(s), policy no. and copy of Policy _____
- Have you ever suffered a loss or damage in the past: Yes No
If yes, please provide Date, Amount of Loss and Name of Insurer _____
- Are the premises protected by a Fire Protection/Detection system: Yes No
Was the same activated during the incident _____
- Are the premises protected by a Fire Protection/Detection system: Yes No
Was the same activated during the incident _____
- Have you taken any measures to minimize the loss: Yes No
If yes, please provide details _____

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7. Was there another person, in your opinion, responsible for the loss or damage: Yes No
If yes, please provide name, address & phone no. _____
8. Is the property subject to hire purchase or hypothecation agreement? Yes No
If yes, please provide the details. _____
9. Has there been any alteration in the occupation or use of the premises since the Policy was taken up: Yes No
If yes, please provide details of changes/alterations in occupation _____
10. Are you're the sole owner of the premises/property: Yes No
If not, please provide the details of the other interested parties _____
11. At the time of loss, what was the total value of all property in the premises? _____

DECLARATION

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/We agree to provide additional information to the company, if required. I/we understand that any statement/ part of the statement found false/ fraudulent or any suppression of facts observed the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited.

Place:

Date:

Signature of the Insured Company's stamp (in case of company)

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

General Documents			
All Claims	1. Policy Copy	2. Claim Form duly filled and signed by the insured	
	3. Estimate of loss	4. Inventory details both sound and damaged	
	5. Incident report with witness details	6. Repair bills with payment receipts	
	7. Salvage quote		
	Specific Documents in addition to the above		
	Fire/Explosion	1. FIR	2. Fire brigade report
		3. Lab test reports, if any	4. Report from inspector of factories
5. Newspaper cuttings			
AOG perils	1. Metrological report	2. Newspaper cuttings	
Strike/riots/malicious/Terrorism	1. Police Report	2. Newspaper cutting	
Deterioration of stocks due to power failure	1. Stock Register	2. Certificate from Electricity board	
The above documents 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)