## CLAIM FORM - PRODUCT LIABILITY INSURANCE 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.



Toll Free No. 1800 266 3202

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7.	If this is a follow up report																												
	<ul> <li>a. Date of Disposition</li> <li>b. Type of Disposition (Settlement, judgement, dismissal, claim dropped etc.</li> <li>c. Amount of Disposition</li> <li>d. If Appeal case, by whom</li> </ul>			M Y	YY	Y Y																							
Give	DETAILS OF OTHER INSURAN e details of other Insurance, ny, covering the present loss																												_ _
Ε.	DETAILS OF PREVIOUS LOSSE	S																											
Giv	e details of previous claims, if any																								_				_ _
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mad con	e, the above mentioned, do hereby, to the de or in any further declaration the Comcealment, the policy shall be void and a titional information to the Company, if rec	pany mall righ	nay re	equire	in re	spec	t of	the	saic	d ac	cide	ent s	hall	ma	ke c	iny	false	or	frau	ıdul	ent s	state	mei	nt or	any	y sup	pres	sion	or
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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: PRL.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.