



CLAIM FORM

Standard Fire and Special Perils Policy (Retail)

Standard Fire and Special Perils Policy (Retail) Claim Form

Claim No. _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by MHDI.

Do not dispose off or destroy damaged property without consent of surveyor/MHDI.

A. The Insured

Risk Code (For office use) _____

Name _____

Address : _____

Tel No.:-

Office : _____ Mobile : _____ email : _____

Contact name : _____ Mobile : _____ email : _____

B. Policy Details

Policy No.: _____

Period of Insurance : **From** _____ to _____

C. Loss Details

Date : _____ Time : _____ am/pm

Date/Time Discovered : _____

By whom : _____

Location/Address of Loss : _____

City : _____ Pin Code : _____ State : _____

Premises occupied as : _____

Describe fully circumstances of Loss, how it happened, what caused the Loss : _____

What is Lost & Extent of Loss (Attach separate sheet if more than 1 items)

Item damaged	Amount insured	Market value at the time of loss	Market value after the loss	Salvage value	Amount claimed*

*Should constitute only value of the claimed item(s) without including profit of any kind

Claim under Extra Benefits Rs. _____

D. General (Put a tick in the appropriate)

1. 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

2. Has the loss/damage been caused due to flood, earthquake, storm or any other Act of God

Yes **No**
If yes, please attach a copy of report from the meteorological deptt./newspaper clipping

3. Is there any other insurance in force providing cover for this loss or damage?

Yes **No**

If yes, please provide name of Insurer(s), policy no. and copy of Policy :-

4. 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

5. Are the premises protected by a Fire Protection/Detection system?

Hydrant **Yes** **No**
Sprinkler **Yes** **No**
Smoke Detector **Yes** **No**
Extinguisher(s) **Yes** **No**

Was the same activated during the incident : _____

6. Did you take any measures to minimize the loss?

Yes No

If yes, please provide details of the same _____

7. Are there any steps taken to prevent a reoccurrence?

Yes No

If yes, please provide details (please attach separate sheet if required)

8. Was there another person, in your opinion, responsible for the loss or damage?

Yes No

If yes, please provide name, address & phone no.

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9. Was there any witness(es) to the incident?

Yes No

If yes, please provide name, address, phone no. and enclose statement from the witness

10. Is the property subject to a hire purchase or hypothecation agreement?

Yes No

If yes, please provide name & address of relevant parties/financial institution

11. 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 _____

12. Were the premises occupied at the time of the loss or damage?

Yes No

If not, unoccupied since _____

13. Are you the sole owner of the premises/property?

Yes No

If not, please provide details of other interested parties _____

14. Are you responsible for repairs?

Yes No

15. At the time of loss, what was the total value of all property in the premises?

IMPORTANT NOTICE :-

1. This form is issued without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the Policy Conditions which the Insured may have committed.
2. The Insured is requested to furnish the particulars above as fully and accurately as possible and this form is to be returned back to the Company/Surveyor immediately.
3. The Insured should make no offer or admission of liability to Third Parties.
4. Any communications that the Insured receives regarding the accident should be sent to the Company immediately (UNANSWERED).

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 understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured: _____

Date :

Company's stamp

Documents to be attached: