

Industrial All Risk Policy (Commercial)
CLAIM FORM (Material Damage) - 1.

Fire 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 MHDH.

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

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 _____ 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.

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 hypothication 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

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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:

Industrial All Risk Policy (Commercial)
CLAIM FORM (Material Damage) – 2.

Burglary 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.

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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 _____ 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 the entry into the premises was effected

State the evidence of forcible entry/exit from the premises _____

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

Item Lost	Amount insured	Amount claimed*

**Should constitute only value of the claimed item(s) without including profit of any kind. Kindly indicate separately the amount being claimed under 'Add-on covers/benefits.'*

D. General (Put a tick in the appropriate where necessary)

1. Has the loss or damage been reported to the Police?

Yes No

If yes please provide the following:-

- a) The FIR no. & Date
- b) The Police Station name & Address

2. Has the Police apprehended any person

Yes No

If yes, please provide details

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. Please provide details of Fire insurance of the premises/property

Policy No. _____ Period _____ to _____ Insurer

5. Have you ever suffered a loss in the past?

Yes No

If yes, please provide Date, Amount of Loss and Name of Insurer

6. Are there any steps taken to prevent a recurrence

Yes No

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

7. Are the premises protected by Burglar Alarm, security system, armed guard (common or dedicated)

Yes No

If yes, please provide details of the same

If guarded by a security personnel, was the guard armed and whether on duty at the time of incident

If installed with burglar alarm or a security system, was the same activated during the incident

8. Was there another person, in your opinion, suspected of the theft?

Yes No

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

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

Yes No

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

10. 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

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

Yes No

If not, unoccupied since

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

Yes No

If not, please provide details of other interested parties

13. Is any part of the premises lent, let or sub-let?

Yes No

If yes, please provide details of the same

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?

16. Would you like to reinstate the Sum Insured of the affected items by payment of additional premium?

Yes No

N.B: your option to reinstate the sum insured is subject to our written consent for the same and acceptance of additional premium

IMPORTANT NOTICE

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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.

Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll-free no. : 1800 2663202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016. CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Industrial All Risk (IAR) (Commercial) UIN - IRDAN149CP0009V01201213 | Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.

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:

**Industrial All Risk Policy (Commercial)
CLAIM FORM (Material Damage) – 3**

Machinery Insurance 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 or destroy damaged parts/machinery 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 _____ to _____

C. Machinery details

Location of damaged machinery

Description of damaged machinery _____

Make _____ Type _____

Model _____ Serial No. _____

Year of manufacture _____ HP/KW _____ Date of expiry of manufacturer

warranty ____/____/____ Sum Insured _____ Cost of replacement by a

new machine of same type/capacity _____

Date of last maintenance service/overhaul of machine _____/_____/_____

Details of previous repairs, if
any _____

D. Loss details

Date _____ Time _____ am/pm

Describe what happened (Attach sketch if
appropriate) _____

Probable cause of
damage _____

Name & Address of
repairer _____

Estimate of cost of repairs, itemized separately for parts and
labour _____

E. If Spoilage of frozen food is insured?

Did spoilage of frozen goods occur? Yes No

If yes, what type of
goods _____

Where are the goods stored
now _____

What was the value of goods (please attach invoices in support)

F. If Business Interruption or Machinery Loss of Profits is insured

What time did the machine stop? _____ am/pm

Has any production been lost? Yes No

Which departments are affected by the
stoppage _____

What is your approximate daily turnover _____
When do you anticipate repairs/replacement to the damaged machine to be
completed ____/____/____
What is the estimated loss of turnover during the period of breakdown _____
If you are incurring increased cost of working, what is the daily cost of these _____

G. Details of other insurances

Provide details of other insurances, if any, covering the incident/damage or
items _____

H. Details of previous losses,
if any _____

I. Steps taken to prevent future reoccurrence

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

Industrial All Risk Policy (Commercial)
CLAIM FORM (Material Damage) – 4

Boiler Pressure Plant 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 MHDH.

Do not dispose of or destroy damaged parts/machinery 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 _____ to _____

C. Machinery details

Location of damaged machinery

Description of damaged machinery

Make _____ Type _____

Model _____ Registration

No. _____

Year of manufacture _____ Capacity _____ Date of expiry of manufacturer

warranty _____/_____/_____ Sum Insured _____ Cost of replacement by a

new machine of same type/capacity _____

Date of last maintenance service/overhaul of machine _____/_____/_____

Details of previous repairs, if
any_____

If the period of guarantee expired? If so when?

D. Loss details

Date_____Time_____am/p
m

Describe what happened (Attach sketch if appropriate)

Is the damaged Property totally destroyed?

Probable cause of
damage_____

Name & Address of
repairer_____

Estimate of cost of repairs, itemized separately for parts and
labour_____

E. If Business Interruption or Boiler Loss of Profits is insured

What time did the machine stop? ____am/pm

Has any production been lost? Yes No

Which departments are affected by the
stoppage_____

What is your approximate daily turnover_____

When do you anticipate repairs/replacement to the damaged machine to be
completed_____/_____/_____

What is the estimated loss of turnover during the period of breakdown_____

If you are incurring increased cost of working, what is the daily cost of these _____

G. Details of other insurances

Provide details of other insurances, if any, covering the incident/damage or items _____

H. Details of previous losses,

If any _____

I. Steps taken to prevent future reoccurrence

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

**Industrial All Risk Policy (Commercial)
CLAIM FORM (Material Damage) – 5**

Electronic Equipment 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.

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Do not dispose or destroy damaged parts/machinery without consent of surveyor/MHDH.

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 _____ to _____

C. Equipment Details

Location of damaged machine _____

Description of damaged machine _____

Make _____ Type _____ Model _____

Serial No. _____ Year of

Manufacture _____

Item No. as per Policy _____

Whether covered under guarantee from supplier/manufacturer Yes No

If yes, is the manufacturer/supplier going to repair/replace the damaged machine Yes
No

Whether covered under maintenance agreement at the time of loss Yes No

If yes, is the damage repair/replacement covered under the agreement Yes No

D. Loss Details

Date of loss ____/____/____ Time of loss ____am/pm

Estimate of cost of damage (please attach repairers estimate)

Rs. _____

Salvage value of damaged items Rs. _____

Was any software lost or damaged Yes No

If yes, what was it

What caused the damage

What is the replacement cost Rs. _____

Was any data lost Yes No

If yes, what was the nature of the data

What caused the data loss

What is the replacement cost Rs. _____

Is there a back-up data/disk Yes No

If yes, is the same usable. If not, why

not _____

If increased cost of working or business interruption is insured

What time did the equipment fail ____am/pm

Which departments are affected by the stoppage

What is approximate daily turnover Rs. _____

What is being purchased with the increased cost

When is repairs/replacement of the damaged machine expected to be completed

____/____/____

E. Details of other insurances

Provide details of other insurances, if any, covering the incident/damage or items _____

F. Details of previous losses, if any _____

G. Steps taken to prevent future recurrence

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

Signature of insured _____

Date ____/____/____

Company seal

**Industrial All Risk Policy (Commercial)
CLAIM FORM (Business Interruption) – 1.**

Consequential Loss (Fire) Insurance 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.

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A. The Insured

Risk Code (For office use) _____

Name _____

Address _____

Tel No.

Office _____ Mobile _____ email _____

Contact

name _____ Mobile _____ email _____

B. Policy Details of Consequential Loss (Fire) Insurance Policy

Policy No. _____ Period of Insurance _____ to _____

C. Policy details of Fire & Special Perils Policy under which material damage loss has been preferred

Policy No. _____ Period of Insurance _____ to _____

Name of the Insurer _____

D. 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 _____

Period for which your business has been interrupted from ___/___/___ to ___/___/___

What is the Standard Turnover _____

What is the estimated reduction in turnover _____

What is the estimated Loss of Gross Profit _____

Claim under Add on covers _____

Total Claim under all Sections (Separate Claim Bill may be attached) _____

E. General (Put a tick in the appropriate)

1. 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

2. Whether any change or alteration has been made in the business, premises or process after obtaining insurance?

Yes No

If yes, please provide details of the same _____

2. Have you ever suffered any loss or damage leading to interruption in Production in the past?

Yes No

If yes, please provide Date, Amount of Loss and Name of Insurer

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

Yes No

If yes, please provide details of the same_____

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

Yes No

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

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

Yes No

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

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

Yes No

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

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

Yes No

If not, unoccupied since

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

Yes No

If not, please provide details of other interested parties _____

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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:

Industrial All Risk Policy (Commercial)
CLAIM FORM (Business Interruption) – 2.

Machinery/Boiler loss of profit Insurance 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.

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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 _____

B. Policy Details of Machinery/Boiler loss of profit Insurance

Policy No. _____ Period of Insurance _____ to _____

C. Policy details of MBD / BPP Policy under which material damage loss has been preferred

Policy No. _____

Period of Insurance _____ to _____.

Name of the Insurer _____

D. 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 _____

Period for which your business has been interrupted from ___/___/___ to ___/___/___

What is the Standard Output / Turnover _____

What is the estimated reduction in output / turnover _____

What is the estimated Loss of Gross Profit _____

Claim under Add on covers _____

Total Claim under all Sections (Separate Claim Bill may be attached) _____

E. General (Put a tick in the appropriate)

1. 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

2. Whether any change or alteration has been made in the business, premises or process after obtaining insurance?

Yes No

If yes, please provide details of the same _____

2. Have you ever suffered any loss or damage leading to interruption in Production in the past?

Yes No

If yes, please provide Date, Amount of Loss and Name of Insurer

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

Yes No

If yes, please provide details of the same _____

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

Yes No

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

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

Yes No

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

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

Yes No

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

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

Yes No

If not, please provide details of other interested parties _____

8. Whether required repairs / replacements are carried out in respect of material damage claim under MBD policy and whether the machinery is fully re-instated to its full working capacity. If so please provide complete details there of _____

or

If not please indicate the time required for the same? _____

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4. Any communications that the Insured receives regarding the accident should be sent to the Company immediately (UNANSWERED).

DECLARATION

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Signature of Insured: _____

Date : _____

Company's stamp

Documents to be attached: