

BUSINESS PROTECT POLICY (COMMERCIAL) – CLAIM FORM

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 MAGMA HDI.

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

GENERAL INFORMATION

Claim Number _____

Policy Number _____

Period of Insurance _____ **To** _____

1	Name of the Insured	
	Correspondence address of the Insured	
	Phone No	
	Email ID	
2	Name and contact number of contact person to be contacted for survey and discussion.	
3	Please state the sections under which you are making a claim	
4	Location of the Property	
5	Description of property damage	
6	When did the loss or damage occur	
7	Narrate circumstances of loss	
8	What was the cause of the loss	
9	Date of intimation to Insurer	
10	Any other details relevant to the damages.	
11	Give details of other Insurance, if any, covering the current loss	

SECTION 1 – FIRE INSURANCE COVER

Describe the full circumstances of loss, how it happened, what caused the loss

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 AOG perils like flood, earthquake, storm or any other Act of God	Yes/ No
	If yes, please attach a copy of report from the meteorological department /newspaper clipping	
3	Have you suffered a loss or damage in the past	Yes/No
	If yes, please provide Date, Amount of Loss and Name of Insurer	
4	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	
5	Are the premises protected by a Fire Protection/Detection system	Yes/ No
	Was the same activated during the incident	
6	Have you taken any measures to minimize the loss	Yes/ No
	If yes, please provide details	
7	Are there any steps taken to prevent a reoccurrence	
	If yes, please provide details (please attach separate sheet if required)	
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	Were the premises occupied at the time of the loss or damage, If not, unoccupied since	

11	Are you the sole owner of the premises or property	
	If not, please provide details of other interested parties	
12	At the time of loss, what was the total value of all property in the premises	
13	Any claim under add on covers, please provide details	

Estimate of Loss:

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

SECTION 2 – FIRE LOSS OF PROFIT COVER

1	Period for which your business has been interrupted	
2	What is the Standard Turnover	
3	What is the estimated reduction in turnover	
4	What is the estimated Loss of Gross Profit	
5	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	
6	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	
7	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	
8	Did you take any measures to minimize the loss	Yes/ No
	If yes, please provide details of the same	
9	Are there any steps taken to prevent a reoccurrence	Yes/ No
	If yes, please provide details (please attach separate sheet if required)	
10	Any claim under add on covers, please provide details	

11	Total Claim – Separate claim bill may be attached	
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SECTION 3 – BURGLARY AND HOUSEBREAKING COVER

Describe fully circumstances of Loss, how the entry into the premises was effected
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1	State the evidence of forcible entry/exit from the premises	
2	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	
4	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	
3	Have you ever suffered a loss in the past	Yes/ No
	If yes, please provide Date, Amount of Loss and Name of Insurer	
4	Are there any steps taken to prevent a recurrence	Yes/ No
	If yes, please provide details	
5	Are the premises protected by Burglar Alarm, security system, armed guard (common or dedicated)	Yes/ No
	If yes, please provide details of the same	
6	If guarded by a security personnel, was the guard armed and whether on duty at the time of incident	
7	If installed with burglar alarm or a security system, was the same activated during the incident	
8	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	
9	Were the premises occupied at the time of the loss or damage, If not, unoccupied since	
11	Are you the sole owner of the premises or property	
	If not, please provide details of other interested parties	
12	Is any part of the premises lent, let or sub-let?	
	If yes, please provide details of the same	
13	Are you responsible for repairs	Yes/ No
14	Would you like to reinstate the Sum Insured of the affected items by payment of additional premium	Yes/ No

Estimate of Loss:

Sl.No	Description of Item lost	Sum Insured in Rs.	Amount claimed in Rs.

(Attach separate sheet if more items)

SECTION 4 – MACHINERY BREAKDOWN COVER

1	Location of damaged machine	
2	Description of damaged machine	
3	Make, Model, Type	
4	Serial No./ Year of Manufacture	
5	Item No. as per Policy / Annexure	
6	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	

7	Whether covered under warranty from supplier/manufacturer	Yes/ No
	If yes, is the manufacturer/supplier going to repair/replace the damaged machine	Yes/ No
8	Sum Insured of Items Damaged	
10	Cost of replacement by a new machine of same type/capacity	
11	Date of last maintenance service/overhaul of machine	
12	Details of previous repairs, if any	
13	Probable cause of damage	
14	Name & Address of repairer	
15	Estimate of cost of repairs, itemized separately for parts and labour	
16	Did spoilage of frozen goods occur? (If Spoilage of frozen food is insured)	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)	
17	Details of previous losses, if any	
18	Steps taken to prevent future reoccurrence	

SECTION 5 – ELECTRONIC EQUIPMENT COVER

1	Location of damaged machine	
2	Description of damaged equipment	
3	Make, Model, Type	
4	Serial No./ Year of Manufacture	
5	Item No. as per Policy / Annexure	
6	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	
7	Whether covered under guarantee from supplier/manufacturere	Yes/ No
	If yes, is the manufacturer/supplier going to repair/replace the damaged machine	Yes/ No
8	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
9	Estimate of cost of damage (please attach repairer's estimate)	
10	Salvage value of damaged items	
11	Was any software lost or damaged	Yes/ No
	If yes, what was it	
	What caused the damage	
	What is the replacement cost	
11	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	
12	Is there a back-up data/disk	Yes/ No
	If yes, is the same usable. If not, why not	
13	What time did the equipment fail (If increased cost of working is Insured)	
14	Which departments are affected by the stoppage	
15	What is approximate daily turnover	
16	What is being purchased with the increased cost	
17	When is repairs/replacement of the damaged machine expected to be completed	
18	Details of previous losses, if any	
19	Steps taken to prevent future recurrence	

SECTION 6 – BOILER AND PRESSURE PLANT COVER

1	Location of damaged machinery	
2	Description of damaged machinery	
3	Make/ Model/ Type	
4	Registration No./ Year of manufacture/ Capacity	
5	Date of expiry of manufacturer warranty	
6	Sum Insured	

7	Cost of replacement by a new machine of same type/capacity	
8	Date of last maintenance service/overhaul of machine	
9	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	
10	Details of previous repairs, if any	
11	Probable cause of damage	
12	Name & Address of repairer	
13	Estimate of cost of repairs, itemized separately for parts and labour	
14	Details of previous losses, If any	
15	Steps taken to prevent future reoccurrence	

SECTION 7 – MONEY/CASH COVER

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

1	Premises occupied as	
2	Where was the cash kept	
3	Is the loss reported to Police	Yes/ No
	If yes, attach copy of FIR	
	If not, why is it not reported	

4	Total Amount of money carried (In case loss is due to money-in-transit)	
5	Places between which the money was in transit	
6	How was the money being carried	
7	In whose custody was the money at the time of loss, name & designation of the employee	
8	What means of transport were used by the employee carrying the money	
9	Was an armed guard accompanying the employee carrying the money	Yes/ No
10	When and where did the loss occur	
11	Details of previous losses, if any	
12	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	
13	Are the employees carrying Money covered under a Fidelity Guarantee policy	
	If yes, provide policy details	
14	Is the loss due to fraud/dishonesty of the money carrying employee	Yes/ No
	If yes, how long was the money with the employee	
15	Any steps taken to prevent future recurrence	Yes/ No
	If yes, please provide details (attach separate sheet if required)	

SECTION 8 – FIDELITY GUARANTEE COVER

1	Amount of loss sustained	
2	Date of discovery of defalcation	
3	Dates of defalcation	
4	Name, designation and address of defaulting employee	
5	Describe how the defalcation was committed	
6	Has the matter been reported to Police	Yes/ No
	If yes, please attach copy of FIR	
	If not, why is it not reported	
7	In what capacity the defaulting employee was engaged and where	
8	How did the money reach his hands	
9	State the largest sum held by him at any one time and for how long	
10	Was he allowed to pay out any amounts in insured's behalf	Yes/ No
	Who authorized these payments, state name and designation	
11	Was the defaulting employee required to give printed receipts from a book with counterfoils	Yes/ No
	If yes, how often were the counterfoils checked and by whom	
12	Was any money paid into the Bank by defaulting employee	Yes/ No
	If yes, how often were the Bank-books examined/reconciled and by whom	

13	What balance, if any, was allowed to be kept in defaulting employee's hands	
14	How often his the Cash accounts balanced and how was their accuracy checked	
15	How often were account sent directly to customers independently of the employee	
16	Did the employee have charge of stocks	Yes/ No
	If yes, in what way did the stocks reach his hands	
17	Was he allowed to issue stores/materials independently	Yes/ No
	If not, who authorized these issues, state name and designation	
18	How often was the position of stocks handled by the defaulting employee checked and by whom	
	When was the last check made	
19	How often the Accounts Books/Stock Books at the place of defaulting employee's employment were audited and by whom	
	Date of last audit	
20	Was there a previous irregularity as regards defaulter's work area	Yes/ No
	If yes, state the details	
21	Has the insured any money (salary, remuneration, commission etc), estate or effects of the defaulting employee in his possession	Yes/ No
	If yes, give details with amount	
22	Does the insured hold any other security/ guarantee from the defaulting employee	Yes/ No

	If yes, give details and amount	
23	Is the defaulting employee member of a joint family or does he hold any property, furniture or other effects	Yes/ No
	If yes, give details	
24	Give names and addresses of employee's near relatives	
25	What action has been taken against the defaulting employee	

SECTION 9 – ALL RISK COVER

Brief Description of the loss

1	Item/s affected by loss	
2	Cause of loss	
3	Location of loss	
4	Date and Time of Loss	
5	Has the matter been reported to the Police	
6	Name of the Police Station	
7	FIR No. and date (Please enclose original or certified copy of FIR)	

8	Name of the Carrier/Authority in whose custody the loss has taken place (if applicable)	
9	Has the claim been lodged on the Carrier/Authority	
10	Date when the claim has been lodged on the Carrier/Authority (Please enclose copies of the correspondence exchanged with them)	
11	Estimate of loss (with complete breakup)	
12	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	
13	Any other information which you would like to provide	

SECTION 10 – PLATE GLASS COVER

1	Cause of breakage	
2	If caused by a person NOT in the Insured's service state name and full address of the person	
3	Is the premise where breakage occurred at present occupied?	
4	Have instructions been given for replacement?	Yes/ No
	If not- (i) Is immediate replacement required? Or (ii) Would the Insured prefer to give an undertaking to effect replacement when convenient to him?	
12	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	
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PARTICULARS OF BREAKAGE:

No. of squares or panes	Description of Glass and where fixed	Size of each Square or Pane in Cms.		Whether cracked or broken out	Cost of broken items requiring replacements Rs.
		Height	Width		

No. of Frames/Frameworks	Description of Frame/Frameworks	Size in cms.		Whether cracked or broken out	Cost of broken items requiring replacements Rs.
		Height	Width		

SECTION 11 – NEON SIGN / GLOW SIGN COVER

1	Cause of Damage/ breakage	
2	If caused by a person NOT in the Insured's service state name and full address of the person	
3	Is the premise where Damage/Breakage occurred at present occupied?	

4	Have instructions been given for replacement?	Yes/ No
	<p>If not-</p> <p>(i) Is immediate replacement required?</p> <p>Or</p> <p>(ii) Would the Insured prefer to give an undertaking to effect replacement when convenient to him?</p>	
12	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	

PARTICULARS OF DAMAGE/ BREAKAGE:

No. of squares or panes	Description of Neon Sign/Glow Sign and where fixed	Size of each Square or Pane in Cms.		Whether cracked or broken out	Cost of broken items requiring replacements Rs.
		Height	Width		

No. of Frames/Fram	Description of Frame/	Size in cms.	Whether cracked or	Cost of broken items requiring

eworks	Frameworks	Height	Width	broken out	replacements Rs.

SECTION 12 – BAGGAGE COVER

Brief Description of the loss

1	Cause of Loss / Damage	
2	Details of witness (name, address, Telephone no's)	
3	List of items lost with value	
4	Approximate value of loss	
5	Is FIR filed with police authorities?	Yes/ No
	If Yes please provide details	
6	Provide additional details relevant to claim , if any	
7	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	
8	Give details of previous Claims, if any,	

SECTION 13 – PUBLIC LIABILITY COVER

1	Place of Accident	
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2	When did you first come to know of the accident	
3	When was the accident reported to you	
4	When was the claim first notified to the Insurer	
5	Has any person/s sustained any injuries in the accident? If so, Give name/s, address/es and occupation/s of such person/s.	
6	State where such person/s was at the time of accident	
7	Have the injured person/s been removed to hospital or medically attended? If so, give particulars	
8	Has the accident caused damage to property or livestock? If so, give name/s and address/es of the owner/s of the property and/or the livestock and full description of the property and state the nature of and extent of damage.	
9	Has any claim been made upon you by any person/s? If so, state by whom and give full particulars (If Claim has been made in writing, attach a copy of the notification received and of the bill, If submitted)	
10	Estimated amount of claim (INR) separately under 5,6,7,8 & 9	
11	Give, if possible, the names and addresses of all witnesses to the accident	
12	Has the accident been reported to any authority? If so, state to whom and attach a copy of the report submitted.	
13	What action, if any, has been taken by the authority	
14	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	

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).
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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