



## CLAIM FORM

# Magma HDI Bharat Sookshma Udyam Suraksha Policy

General Insurance Company Ltd.

## Claim Form – Magma HDI Bharat Sookshma Udyam Suraksha Policy

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	Location of the Property	
4	Description of property damage	
5	When did the loss or damage occur	
6	Narrate circumstances of loss	
7	What was the cause of the loss	
8	Date of intimation to Insurer	
9	Any other details relevant to the damages.	
10	Give details of other Insurance, if any, covering the current loss	

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.


**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: