CLAIM FORM - PUBLIC LIABILITY (INDUSTRIAL) POLICY ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY



Toll Free No. 1800 266 3202

Claim Number:		Policy Number:		
1.	DETAILS OF INSURED			
Nar Ada Perid Lim	ne of Insured: Iress: City Od of the Policy its of Indemnity ler the Policy			
(a) (b) (c) (d) (e)	PARTICULARS Date of Occurrence Place of accident When did you first come to know of the accident When was the accident reported to you? When the claim was first notified to the Insurers			
3. (a)				
	iii. Have the injured person/s been removed to	hospital or medically attended? If so, give particulars.		
(b)	Has the accident caused damage to property of description of the property and state the nature	or livestock? If so, give name/s and address/es of the owner/s of the property and/or the livestock and full of and extent of damage.		
(c)	Has any claim been made upon you by any pe the notification received and of the bill, If subm	erson/s? If so, state by whom and give full particulars (If claim has been made in writing, attach a copy of itted)		
(d)	Estimated amount of claim (INR) separately und	der (a), (b) & (c)		

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4.					
(a)	Give, if possible, the names and addresses of all witnesses to the accident				
(b)	Has the accident been reported to any authority? If so, state to whom and attach a copy of the report submitted.				
(c)	c) What action, if any, has been taken by the authority?				
(d)	Give particulars of any other insurance, if any, in respect of the same risk/liability.				
DECLARATION I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/we agree that if					
I/We have made, or in any further declaration, the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and Void.					
Place Dat		Signature of the Insured			
	me of Insured:	Signature of the Insured			

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: PLI.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.