



# CLAIM FORM

## Standard Fire and Special Perils Policy (Commercial)

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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 : \_\_\_\_\_

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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 :-

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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

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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 \_\_\_\_\_

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

Yes  No

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

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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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MAGMA HDI  
General Insurance Company Ltd.

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

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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

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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 \_\_\_\_\_

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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: