

CLAIM FORM - ALL RISK INSURANCE POLICY

Issue of this Claim Form is not to be taken as an Admission of Liability
If any detail or information is not readily available, please do not delay the dispatch of this form. Other particulars may be sent later.

Claim Number: \_\_\_\_\_ Policy No: \_\_\_\_\_

Period of Insurance From [DDMMYYYY] To [DDMMYYYY]

A. DETAILS OF INSURED/CLAIMANT

Name as per Policy: [ ]
Address: [ ]
City [ ] State [ ] Pin Code [ ]
Phone Number: [ ] Mobile Number [ ]
Email ID: [ ]

B. DETAILS OF DAMAGE/OCCURRENCE

Date & Time of damage/occurrence [DDMMYYYY] [HH] : [MM] AM/PM
Place of damage/Occurrence \_\_\_\_\_
Brief description of the damage \_\_\_\_\_
Cause of loss/damage \_\_\_\_\_
Details of witness (name, address and contact number) \_\_\_\_\_
If by theft \_\_\_\_\_
Date & Time [DDMMYYYY] How committed \_\_\_\_\_
Discovered by whom and when \_\_\_\_\_
Police report and investigation details \_\_\_\_\_
Estimate of loss \_\_\_\_\_
Additional information, if any \_\_\_\_\_

C. DETAILS OF MACHINE/EQUIPMENT

Description of the damaged Machine \_\_\_\_\_
Serial number in the policy \_\_\_\_\_
(a) Sum Insured as per the policy \_\_\_\_\_
(b) Present replacement value \_\_\_\_\_
State whether the machine damages was under any guarantee from manufacturer.
If yes, please provide the details \_\_\_\_\_
Nature of maintenance of machinery – Attach the last maintenance report. \_\_\_\_\_
Salvage offered by the insured towards the damaged items/machine. \_\_\_\_\_

D. DETAILS OF OTHER INSURANCE

Give details of the other insurance which is covering the present loss, if any \_\_\_\_\_

E. DETAILS OF PREVIOUS LOSSES

Give details of previous claims, if any \_\_\_\_\_

DECLARATION

I / We the above mentioned, do hereby, to the best of my/our knowledge and belief warrant the truth of the foregoing statement in every respect and 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, the policy shall be void and all rights to recover there under in respect of past of future accident shall be forfeited. I/ We also agree to provide additional information to the Company, if required.

Place: [ ]
Date [DDMMYYYY]
Signature of the Insured [ ]
(Seal is mandatory for companies) [ ]

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## LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

### ALL RISK INSURANCE POLICY: BASIC DOCUMENTS

- Policy Copy     Claim Form duly filled and signed by the insured     AMC Details     Invoice & present replacement value  
 Warranty / Guarantee details     Estimate of Loss     Repair Bills & Payment receipts original FIR, if any



## DISCHARGE VOUCHER

Claim Number: \_\_\_\_\_

Received the Cheque number: \_\_\_\_\_ dated: \_\_\_\_\_ in favour of \_\_\_\_\_ from  
M/s Magma HDI General Insurance Co. Ltd., \_\_\_\_\_ the sum of Rs. \_\_\_\_\_  
(rupees \_\_\_\_\_) towards FULL AND FINAL settlement of our claim under Policy number:  
\_\_\_\_\_ regarding the loss to our property \_\_\_\_\_ due to \_\_\_\_\_  
dated \_\_\_\_\_. The assessment was explained to us in detail and the assessment sheet is shared with us. We have gone through the  
assessment and given the consent to make the payment. We here with discharge M/s Magma HDI General Insurance Co. Ltd. towards the above  
claim in full and final and there are no other claim pending on this policy.

Place: \_\_\_\_\_

Date

\_\_\_\_\_

Signature of the Insured

\_\_\_\_\_

Stamp & Seal (for companies)