

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 To

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 : 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 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

Signature of the Insured

 (Seal is mandatory for companies)

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 General Insurance Limited _____ 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
General Insurance Limited 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)