

FARMER'S PACKAGE POLICY (RETAIL)

Claim Form - BIO GAS PLANT INSURANCE

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Claim No. :

Policy No:

Name of the insured in full:

Address:

Occupation:

1. What was the nature of the occurrence and when did it take place?	At _____ p.m. on _____
2. At what address did it take place?	
3. For what purposes were the Premises being used at date of occurrence?	
4. Describe briefly what happened and the resultant damage, and state what you believe caused it to happen	
5. Were the Premises and their occupation at the time of the occurrence exactly as described in the Policy? Had any element of risk been introduced which was not allowed by the Policy?	
6. Is the Claimant the Sole Owner of the property damaged or destroyed?	
If not, state full particulars of any other Interest	
7a State whether the property was stolen, lost or damaged	
7b. If stolen, do your suspicions rest on anyone and if so whom?	
7c When and where was the property last seen by you	
8. If claim is in respect of Jewelry, when was the property last over-hauled by a	



MAGMA

General Insurance Limited

Jeweler? Give name and address of firm	
9. Have you taken any other step to recover the lost property?	
10. Give dates of any previous claims of a similar nature you have made in connection with these in any other premises and state the amount of the loss. If none, please write "None"	
11. If the property was stolen or lost, give the date the police were advised, the name of station and a copy of the report made to the Police	
12. Were there at the time of the occurrence any other existing Insurances on the said Property, with any other Company or Insurer, whether effected by the claimant or by any other Person? if so full particulars If not. Please write No	

I/We the above named being insured under the above policy do hereby declare and set forth that at or about _____ O'clock a.m/p.m on the _____ / _____ / _____

A theft was committed at the above described premises in the manner stated and the articles enumerated in the within list and valued at sum of Rs. _____ were stolen therefrom and I/We further declare that no other person has any interest in the said property, as Owner, Mortgage, Trustee or otherwise, and that is not otherwise insured against Burglary, with this or any other office except as above stated.

Witness:

Occupation:

Address:

Signature of the Insured