



MAGMA
General Insurance Limited

FARMER'S PACKAGE POLICY (RETAIL)

Agricultural Pumpset- Claim Form

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016, West Bengal. | CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Farmer's Package Policy (Retail) | Product UIN: IRDAN149RP0011V02201314 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789 (CF.FPPR.ver10.12.24)

Farmer's Package Policy (Retail)

AGRICULTURAL PUMPSET- CLAIM FORM

(The issue of this form is not to be taken as an admission of Liability)

Policy No.
Period Of
Insurance.
Insured
Address

Claim No.

- | | | |
|---------|--|--|
| | Horse Power of Agriculture Pumpset | |
| 1 (a) | Damaged | |
| (b) | Item Number in the Policy Schedule | |
| | Its | |
| | separat | |
| | e | |
| (c) | value. | |
| | Date and | |
| 2 | time of | |
| | breakdo | |
| | wn | |
| 3 | Name of person /s if any, who | |
| | witnessed the occurrence. | |
| | Details of | |
| | damage | |
| | sustaine | |
| 4 | d | |
| | Cause | |
| | of | |
| | breakd | |
| 5 | own | |
| 6 | State whether the item damaged was | |
| | under any guarantee from Supplier / | |
| | Repairer. If so, state the nature of | |
| | Guarantee and the Guarantee period. | |
| 7 | Did the affected Machine(s) sustain | |
| | any damage in any previous accident? | |
| | If so, give particulars of event(s) with | |
| | details of repairs executed. | |
| 8 | In which section and for what purpose | |
| | was the machinery being used at the | |
| | time of breakdown | |
| 9 | Have the repairs been put in hand? If | |
| | so, give name and address of | |
| | repairers. | |



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- 10 (a) State nature of repairs and particulars of replacement of any parts required.
Estimate of the cost of repairs/
(b) replacement.
(any major repairs to be executed only with prior consent and approval of the company
- 11 State the salvage value on the damaged Item.
- 12 Where can be the damaged items be inspected
- 13 Are there any other insurance effected by you or any other person covering the loss sustained or any part there of?
- 14 Please give any other particulars relevant to the damage

I / We declare that the foregoing particulars, are true and correct to the best of my / our knowledge.

Place:

Date:

Signature

(This form is to be signed only by an authorized representative of the insured.)