



MAGMA
General Insurance Limited

FARMER'S PACKAGE POLICY (RETAIL) 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)
Claim Form
Fire and Allied Perils**

Name of Insured

Agency

Policy No

Business Address

Home address

Tel No: (O)

(Mobile)

(e-mail)

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 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	



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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	

Details of Claim for property destroyed or damaged as required by the conditions of the company's policies.

Policy No. & Item of Policy	Description of property claimed for in detail	Amt. Insured	Market Value at time of loss	Market Value after the loss	Amt. Claimed

I/We do hereby solemnly and sincerely declare that the details appended hereto, are a full, true and correct statement of the loss, sustained by me/us on the property insured by the above policy in consequence of the aforesaid loss amounting to the sum of Rs _____ and that the amounts claimed in respect of each and all of the several articles or items of property damaged or destroyed, constitute their value at the time of loss or damage not including profit of any kind.

I/We do hereby solemnly and sincerely declare that I/We have not either directly or indirectly, proximately or remotely caused the said loss, or by connivance, fraud or misrepresentation sought to benefit thereby, and I/We make the foregoing solemn declarations conscientiously believing the same to be true, this _____ day of _____.

Signature of the Insured

Date: _____