

DETAILS OF HOSPITAL APPLICABLE FOR SECTION I & II

Was the insured person moved to hospital immediately after the incidence Yes No

If yes, please fill in the following

Date of admission Time of admission : AM/PM.
 Date of discharge Time of discharge : AM/PM.
 Name of the Hospital
 Address
 City/Taluka District
 State Pin Code STD code
 Phone No Mobile

Particulars of treatment

MEDICAL PRACTITIONER'S DECLARATION APPLICABLE FOR SECTION I & II

I hereby certify that was treated by me on for which first incurred on

I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing any materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

Details
 Name of the treating
 First Name Middle Name Last Name
 Medical Practitioner
 Registration No Qualification

Date: Stamp and Signature of the Medical practitioner
 Place:

Section III – Loss of Job

Loan Details:

Loan A/c No: -
 Name & Address of Bank / Institution
 Contact Details (Phone / E-Mail)
 Type of loan taken Date of inception of repayment
 Amount of loan taken Loan Balance as on date
 Last Month for repayment EMI / Pre EMI Rs.

Employer Details:

Name of Organization employed
 Address
 contact numbers of the Company in which employed
 Designation
 Date of appointment Date of confirmation:
 Nature of employment Permanent probation casual temporary seasonal contractual
 Date of termination suspension retrenchment

Last working day Last salary after termination / suspension Rs.

Period of suspension if applicable Amount drawn during suspension period Rs.

Date of re-employment and details:

Any other relevant details : (Please attach separate sheet if necessary)

Please attach the following documents with the completed claim form

1. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
2. Certificate from the employer of the Insured person confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured person furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured person with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate
3. Appointment and confirmation letter of employment.

Section IV – Fire and Allied Perils – Dwelling and Household Contents

(Please refer to Annexure A)

Section V- Business Interruption(Applicable for Commercial Establishments)

(Please refer to Annexure B)

DETAILS OF CLAIMED AMOUNT

	Description	Amount (Rs.)
(A)	Critical Illness	
(B) i	Death	
(B) ii	Permanent Total Disability	
(C)	Loss of Job	
(D)	Fire and Allied Perils – Dwelling and Household Contents	
(E)	Business Interruption	
TOTAL AMOUNT CLAIMED		

ENCLOSURES

- | | | |
|---|--|---|
| <input type="checkbox"/> Claim form duly signed | <input type="checkbox"/> Policy copy | <input type="checkbox"/> Claim intimation |
| <input type="checkbox"/> FIR/ MLC copy | <input type="checkbox"/> Death certificate | <input type="checkbox"/> Post mortem report |
| <input type="checkbox"/> Inquest / Coroner’s report | <input type="checkbox"/> Final police report | <input type="checkbox"/> Disability Certificate |
| <input type="checkbox"/> Investigation reports | <input type="checkbox"/> Medical certificate | <input type="checkbox"/> Nominee certificate |
| <input type="checkbox"/> Employer Certificate | <input type="checkbox"/> Photograph of the injured with reflecting disablement | |
| <input type="checkbox"/> Any other documents | | |

If yes please specify: _____

Any other information You wish to state: _____

INSURED’S /CLAIMANT’S DECLARATION

I hereby warrant the truth of foregoing statement and sincerely declare that I have not suppressed or concealed any information that is material to this claim. I understand that false declaration/s may result in Magma General Insurance Limited being able to refuse to pay the claim.

The receipt of this claim form/ other supporting / related document does not constitute or be deemed to constitute an agreement by the Magma General Insurance Limited of the claim and Magma General Insurance Limited reserves the right to process or reject or require further / additional information in respect of the claim.

Date:

Signature of Claimant: _____

Place:

Name of the Claimant: _____

