

# HOUSEHOLDER'S PACKAGE POLICY (RETAIL)

## Breakdown of Domestic Appliances Claim Form



## Householder's Package Policy (Retail)

### Breakdown of Domestic Appliances Claim Form

Claim No. \_\_\_\_\_

*All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.*

*The issue or acceptance of this form is not to be construed as an admission of liability by Magma General Insurance*

*Do not dispose or destroy damaged parts/machinery without consent of surveyor/ Magma General Insurance*

#### A. The Insured

Risk Code (For office use) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel No.

Office \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_  
\_\_\_\_\_

Contact name \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

#### B. Policy Details

Policy No. \_\_\_\_\_ Period of Insurance \_\_\_\_\_ to \_\_\_\_\_

#### C. Domestic Appliances details

Location of damaged appliances \_\_\_\_\_

Description of damaged appliances \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_

Model \_\_\_\_\_ Serial No. \_\_\_\_\_

Year of manufacture \_\_\_\_\_ HP/KW \_\_\_\_\_ Date of expiry of manufacturer warranty \_\_\_\_/\_\_\_\_/\_\_\_\_ Sum Insured \_\_\_\_\_ Cost of replacement by a new machine of same type/capacity \_\_\_\_\_

Date of last maintenance service/overhaul of machine \_\_\_\_/\_\_\_\_/\_\_\_\_

Details of previous repairs, if any \_\_\_\_\_  
\_\_\_\_\_



**D. Loss details**

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Describe what happened (Attach sketch if appropriate) \_\_\_\_\_

\_\_\_\_\_

Probable cause of damage \_\_\_\_\_

\_\_\_\_\_

Name & Address of repairer \_\_\_\_\_

Estimate of cost of repairs, itemized separately for parts and labour \_\_\_\_\_

\_\_\_\_\_

**E. Details of other insurances**

Provide details of other insurances, if any, covering the incident/damage or items \_\_\_\_\_

\_\_\_\_\_

**F. Details of previous losses,**

if any \_\_\_\_\_

\_\_\_\_\_

**G. Steps taken to prevent future reoccurrence**

\_\_\_\_\_

**DECLARATION**

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured : \_\_\_\_\_

Date : \_\_\_\_\_

Company's stamp