

Electronic Equipment Insurance Policy (Commercial) Claim Form



Claim No._____

Product UIN: IRDAN149CP0006V02201819

Electronic Equipment Insurance Policy (Commercial) Claim Form

| • | 5 . 5 | ent space, kindly use a separa apleted or left blank, the forn | |
|--------------------------------------|--------------------------------|---|-----------------------|
| The issue or acceptance of Insurance | this form is not to be constru | ued as an admission of liabilit | ty by Magma General |
| Do not dispose or destroy do | amaged parts/machinery witho | out consent of surveyor/ Magm | na 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. Equipment Details | | | |
| | | | |
| Location of damaged machin | ne | | |
| - | | | |



| Description of damaged | I machine | | | |
|---------------------------------------|--------------------------|-----------------------|-------------------------------|---|
| Make | Type | | _Model | |
| Serial No | | _ Year of Manufactur | re | |
| Item No. as per Policy | | | | |
| Whether covered under | r guarantee from suppl | lier/manufacturer | Yes □ No □ |] |
| If yes, is the manufactur Yes □ No □ | rer/supplier going to re | epair/replace the dar | maged machine | |
| Whether covered under | r maintenance agreem | ent at the time of lo | ss Yes 🗆 No 🗆 |] |
| If yes, is the damage rep | pair/replacement cove | red under the agreei | ment Yes 🗆 No 🗆 |] |
| D. Loss Details | | | | |
| Date of loss/_ | / Time | e of lossam/p | pm | |
| Estimate of cost of dama | age (please attach rep | airer's estimate) Rs | | |
| Salvage value of damage | ed items Rs | | | |
| Was any software lost o | | Yes □ N | No □ | |



| What caused the damage |
|--|
| What is the replacement cost Rs |
| Was any data lost Yes □ No □ |
| If yes, what was the nature of the data |
| What caused the data loss |
| What is the replacement cost Rs |
| Is there a back-up data/disk Yes □ No □ |
| If yes, is the same usable. If not, why not |
| If increased cost of working or business interruption is insured |
| What time did the equipment failam/pm |
| Which departments are affected by the stoppage |
| What is approximate daily turnover Rs |



| What is being purchased with the increased cost | _ | | |
|--|--------|----|--|
| When is repairs/replacement of the damaged machine expected to be completed | - / | _/ | |
| 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 | | | |
| H. Steps taken to prevent future recurrence | | | |
| | | | |

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 | |
| . , . | |
| Charles of the said | |
| Signature of insured | |
| | |
| Date// | |
| | |
| Company seal | |
| | |
| | |
| | |
