

OFFICE PACKAGE INSURANCE POLICY (RETAIL) Claim Form Section 7: Breakdown of Business Equipments Insurance

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | <u>www.magmainsurance.com</u> | E-mail: <u>customercare@magmainsurance.com</u> | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016, West Bengal. | CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Office Package Insurance Policy (Retail)| Product UIN: IRDAN149RP0001V02201415 | 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.OPP.ver10.12.24)



Office Package Insurance Policy (Retail)

Section 7: Breakdown of Business Equipments Insurance Claim Form

Claim No._____ Policy 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 Contact name Mobile	email
B. Policy Details	
Policy No Period	of Insurance to
C. Machinery details	
Location of damaged machinery Description of damaged machinery Make Type	
Model	Type Serial No
ModelSerial No. Year of manufactureHP/KWDate 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	
DateTime Describe what happened (Attach sketch	am/pm if appropriate)
Probable cause of damage	

Product UIN: IRDAN149RP0001V02201415



Name & Address of repairer _____

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

E. If Spoilage of frozen food is insured?

Did spoilage of frozen goods occur? Yes
No
If yes, what type of goods
Where are the goods stored now
What was the value of goods (please attach invoices in support)

F. If Business Interuption or Machinery Loss of Profits is insured

What time did the machine stop? ____am/pm Has any production been lost? Yes Which departments are affected by the stoppage _____ What is your approximate daily turnover _____ When do you anticipate repairs/replacement to the damaged machine to be completed _____/__/ What is the estimated loss of turnover during the period of breakdown _____ If you are incurring increased cost of working, what is the daily cost of these

G. Details of other insurances

Provide details of other insurances, if any, covering the incident/damage or items_____

H. Details of previous losses, if

any_____

I. 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