

Magma HDI Bharat Griha Raksha Policy Claim Form

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Claim Form – Magma HDI Bharat Griha Raksha Policy

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 HDI.

Do not dispose off or destroy damaged property without consent of surveyor/MAGMA HDI.

GENERAL INFORMATION

Claim Number _____

Policy Number _____

Period of Insurance _____ To _____

| | | |
|----|--|--|
| 1 | Name of the Insured | |
| | Correspondence address of the Insured | |
| | Phone No | |
| | Email ID | |
| 2 | Name and contact number of contact person to be contacted for survey and discussion. | |
| 3 | Location of the Property | |
| 4 | Description of property damage | |
| 5 | When did the loss or damage occur | |
| 6 | Narrate circumstances of loss | |
| 7 | What was the cause of the loss | |
| 8 | Date of intimation to Insurer | |
| 9 | Any other details relevant to the damages. | |
| 10 | Give details of other Insurance, if any, covering the current loss | |

Describe the full circumstances of loss, how it happened, what caused the loss

| | | |
|----|---|---------|
| 1 | Has the loss or damage been reported to the Police/Fire Brigade | Yes/ No |
| | If yes, please attach a legible copy of FIR/Fire Brigade Report | |
| 2 | Has the loss/damage been caused due to AOG perils like flood, earthquake, storm or any other Act of God | Yes/ No |
| | If yes, please attach a copy of report from the meteorological department /newspaper clipping | |
| 3 | Have you suffered a loss or damage in the past | Yes/No |
| | If yes, please provide Date, Amount of Loss and Name of Insurer | |
| 4 | Is there any other insurance covering the present loss | Yes/ No |
| | If yes, please provide name of Insurer(s), policy no. and copy of Policy | |
| 5 | Are the premises protected by a Fire Protection/Detection system | Yes/ No |
| | Was the same activated during the incident | |
| 6 | Have you taken any measures to minimize the loss | Yes/ No |
| | If yes, please provide details | |
| 7 | Are there any steps taken to prevent a reoccurrence | |
| | If yes, please provide details (please attach separate sheet if required) | |
| 8 | Is the property subject to hire purchase or hypothecation agreement | Yes/ No |
| | If yes, please provide the details. | |
| 9 | Has there been any alteration in the occupation or use of the premises since the Policy was taken up | Yes/ No |
| | If yes, please provide details of changes/alterations in occupation | |
| 10 | Were the premises occupied at the time of the loss or damage, If not, unoccupied since | |
| 11 | Are you the sole owner of the premises or property | |
| | If not, please provide details of other interested parties | |
| 12 | At the time of loss, what was the total value of all property in the premises | |
| 13 | Any claim under add on covers, please provide details | |

Estimate of Loss:

| Sl.No | Description of the property claimed | Sum Insured in Rs. | Amount claimed in Rs. |
|-------|-------------------------------------|--------------------|-----------------------|
| | | | |
| | | | |
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| | | | |

VALUABLE CONTENTS

1. Brief Description of the loss

2. Details of Loss:

| S.No | Item/s affected by loss | Cause of loss | Location of loss | Date and Time of Loss | Estimated value of items lost or Damaged |
|------|-------------------------|---------------|------------------|-----------------------|--|
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3. Has the matter been reported to the Police : _____

4. Name of the Police Station : _____

5. FIR No. and date (Please enclose original or certified copy of FIR) : _____

6. Estimate of loss (with complete breakup) : _____

7. Is there any other insurance covering the present loss

If yes, please provide name of Insurer(s), policy no. and copy of Policy

| Name of insurer | Policy Number | Period of insurance | Coverage | Sum insured |
|-----------------|---------------|---------------------|----------|-------------|
| | | | | |
| | | | | |

8. Any other information which you would like to provide _____

PERSONAL ACCIDENT

Claimant/Deceased Details

Name _____

Sex Male Female

Date of Birth ____/____/____

Occupation _____

Relationship with Insured _____

Accident Details:

Date of accident (dd/mm/yy) _____ / _____ / _____

Time of accident _____ am/pm

Are there any witnesses to the accident Yes No

If yes, kindly provide name(s) and contact details

How did the accident happen

Was the accident reported to Police Yes No

If not, kindly state the reasons

Whether hospitalized following the accident Yes No

If yes, name & address of hospital _____

Other Insurances

Details of any other insurance (arranged by self, spouse, parents or employer) under which claimant/deceased is covered

| Name of insurer | Policy Number | Period of insurance | Coverage | Sum insured |
|-----------------|---------------|---------------------|----------|-------------|
| | | | | |
| | | | | |

IMPORTANT NOTICE: -

1. This form is issued without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the Policy Conditions which the Insured may have committed.
 2. The Insured is requested to furnish the particulars above as fully and accurately as possible and this form is to be returned back to the Company/Surveyor immediately.
 3. The Insured should make no offer or admission of liability to Third Parties.
 4. Any communications that the Insured receives regarding the accident should be sent to the Company immediately (UNANSWERED).
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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

Documents to be attached: