

Magma HDI Bharat Sookshma Udyam Suraksha Policy

Claim Form



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Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll Free: 1800 266 3202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016, West Bengal. | CIN: U66000WB2009PLC136327 | **IRDAI Reg. No. 149** Product UIN: IRDAN149RP0025V02202021| Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license. Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789



Claim Form – Magma HDI Bharat Sookshma Udyam Suraksha 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



Brigade 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 If yes, please attach a copy of report from the meteorological department /newspaper clipping Yes/No 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 Yes/No If yes, please provide name of Insurer(s), policy no. and copy of Policy Yes/No 5 Are the premises protected by a Fire Protection/Detection system Yes/No 6 Have you taken any measures to minimize the loss If yes, please provide details Yes/No 7 Are there any steps taken to prevent a reoccurrence Yes/No 8 Is the property subject to hire purchase or hypothecation agreement Yes/No 9 Has there been any alteration in the occupation or use of the premises since the Policy was taken up Yes/No 11 Yes, please provide details of changes/alterations in occupation Yes/No 12 Are there premises occupied at the time of the loss or damage, if not, unoccupied since Yes/No 13 Kre the premises occupied at the time of the loss or damage, if not, unoccupied since Yes/No 14			
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12 At the time of loss, what was the total value of all property in the premises	11	Are you the sole owner of the premises or property	
property in the premises		If not, please provide details of other interested parties	
13 Any claim under add on covers, please provide details	12		
	13	Any claim under add on covers, please provide details	



Estimate of Loss:

SI.No	Description of the property claimed	Sum Insured in Rs.	Amount claimed in Rs.

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).

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: