


# Public Liability Insurance (Act) (Commercial)

## Claims Form



Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | [www.magmainurance.com](http://www.magmainurance.com) | E-mail: [customercare@magmainurance.com](mailto:customercare@magmainurance.com) | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | Public Liability Insurance (Act) (Commercial) | Product UIN: IRDAN149CP0013V02201213 | 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.PL Act.ver.27.12.25)

**Public Liability Act Policy (Commercial)**
**CLAIM FORM**

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

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

Policy

1	(a)	Name of Insured	_____ _____
	(b)	Address	_____ _____
			_____ _____
			_____ _____
	(c)	Period of the Policy	From ____/____/____ to ____/____/____
	(d)	Limits of Indemnity under the Policy	_____ _____
2		Particulars	
	(a)	Date of Occurrence	____/____/____ Time ____:____ AM/PM
	(b)	Place of accident/incident	_____ _____
	(c)	When did you first come to know of the accident/incident?	_____ _____
	(d)	When was the accident/incident reported to you?	_____ _____

	(e)	When the claim was first notified to the Insurer?	_____
3		Particulars of consequences of the accident/incident	
	(a)	Has any person/s sustained any injuries in the accident/incident? If so,	
	i.	Give name/s , address/es and occupation/s of such person/s.	_____
	ii.	State where such person/s was at the time of accident/incident.	_____
	iii.	Have the injured person/s been removed to hospital or medically attended? If so, give particulars.	_____ _____
	(b)	Has the accident/incident caused damage to property or livestock? If so, give name/s and address/es of the owner/s of the property and/or the livestock and full description of the property and state the nature of and extent of damage.	_____ _____ _____
	(c)	Has any claim been made upon you by any person/s? If so, state by whom and give full particulars (If claim has been made in writing, attach a copy of the notification received and of the bill, If submitted)	_____ _____ _____
	(d)	Estimated amount of claim (INR) separately under (a), (b) & (c)	

4	(a)	Give, if possible, the names and addresses of all witnesses to the accident/incident	_____ _____
	(b)	Has the accident/incident been reported to any authority? If so, state to whom and attach a copy of the report submitted.	_____ _____
	(c)	What action, if any, has been taken by the authority?	_____ _____
	(d)	Give particulars of any other insurance, if any, in respect of the same risk/liability.	_____ _____

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/we agree that if I/We have made, or in any further declaration, the Company may require in respect of the said accident/incident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and Void.

Date :	Signature of Insured:
Place :	Name: