

Public Liability Insurance (Act) (Commercial)

Claims Form



Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainsurance.com | E-mail: customercare@magmainsurance.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 UN: 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: