

# OFFICE PACKAGE INSURANCE POLICY (RETAIL) Claim Form

## Section 6: Electronic Equipment



**Office Package Insurance Policy (Retail)**

**Section 6: Electronic Equipment 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 \_\_\_\_\_ email \_\_\_\_\_

\_\_\_\_\_

Contact

name \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

\_\_\_\_\_

**B. Policy Details**

Policy No. \_\_\_\_\_ Period of Insurance \_\_\_\_\_ to \_\_\_\_\_

**C. Equipment Details**

Location of damaged machine \_\_\_\_\_

Description of damaged machine \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_ Model \_\_\_\_\_

Serial No. \_\_\_\_\_ Year of Manufacture \_\_\_\_\_

Item No. as per Policy \_\_\_\_\_

Whether covered under guarantee from supplier/manufacturer Yes ☐ No ☐

If yes, is the manufacturer/supplier going to repair/replace the damaged machine

Yes ☐ No ☐

Whether covered under maintenance agreement at the time of loss Yes ☐ No ☐

If yes, is the damage repair/replacement covered under the agreement Yes ☐ No ☐



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#### D. Loss Details

Date of loss \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of loss \_\_\_\_am/pm

Estimate of cost of damage (please attach repairers estimate) Rs. \_\_\_\_

Salvage value of damaged items Rs. \_\_\_\_

Was any software lost or damaged Yes ☐ No ☐

If yes, what was it \_\_\_\_

What caused the damage \_\_\_\_

What is the replacement cost Rs. \_\_\_\_

Was any data lost Yes ☐ No ☐

If yes, what was the nature of the data \_\_\_\_

What caused the data loss \_\_\_\_

What is the replacement cost Rs. \_\_\_\_

Is there a back-up data/disk Yes ☐ No ☐

If yes, is the same usable. If not, why not \_\_\_\_

#### If increased cost of working or business interruption is insured

What time did the equipment fail \_\_\_\_am/pm

Which departments are affected by the stoppage \_\_\_\_

What is approximate daily turnover Rs. \_\_\_\_

What is being purchased with the increased cost \_\_\_\_

When is repairs/replacement of the damaged machine expected to be completed  
\_\_\_\_/\_\_\_\_/\_\_\_\_

#### E. Details of other insurances

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

\_\_\_\_\_

#### F. Details of previous losses, if any \_\_\_\_\_

#### H. Steps taken to prevent future recurrence

\_\_\_\_\_



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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