



# 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**  
use) \_\_\_\_\_

Risk Code (For office

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

#### **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

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#### **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