

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