



# OFFICE PACKAGE INSURANCE POLICY (RETAIL)

## Claim Form

### Section 5: Plate Glass & Neon Sign Insurance

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | [www.magmainsurance.com](http://www.magmainsurance.com)  
| E-mail: [customercare@magmainsurance.com](mailto: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 | Office Package Insurance Policy (Retail) | Product UIN:  
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## Office Package Insurance Policy (Retail)

### Section 5: Plate Glass & Neon Sign Insurance 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*

#### A. The Insured

Risk Code (For office use)

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel No.

Office \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

Contact person's name

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

#### B. Policy Details

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

#### C. Accident details

Date of occurrence \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Details of plate glass damaged and address where installed \_\_\_\_\_

Where was the broken glass fitted in the premises \_\_\_\_\_

Approx size of damaged glass \_\_\_\_\_ Type of glass \_\_\_\_\_

Describe how the damage happened \_\_\_\_\_

Is the glass broken/cracked/scratched \_\_\_\_\_

Is the glass frame also damaged Yes  No

What is probable cause of the damage





Carelessness  Malicious Act  Fire/Explosion  Storm/hail  Burglary

Any other \_\_\_\_\_

Did the plate glass have any other damage before the above incident occurred

Yes  No

If yes, provide details \_\_\_\_\_

Is anyone else responsible for the damage Yes  No

If yes, provide details \_\_\_\_\_

Who is responsible for repairs

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#### **D. Estimated cost of Repairs/replacements**

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#### **E. Details of other insurances**

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

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

##### **General**

If the breakage or damage involved malicious person or burglars, was FIR lodged Yes  No

If yes, attach copy of FIR.

Any steps taken to prevent future recurrence

Yes  No

If yes, please provide details (attach separate sheet if required)

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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 items 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 : \_\_\_\_\_

Company's stamp

Date : \_\_\_\_\_

Documents to be attached:

- Photographs
- Estimate of repairs/replacement
- Invoice and payment receipt for repairs/replacement