

OFFICE PACKAGE INSURANCE POLICY (RETAIL)

Claim Form

Section 10: Public Liability



Office Package Insurance Policy (Retail)
Section 10: Public Liability 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 name _____ Mobile _____ email _____

B. Policy Details

Policy No. _____ Period of Insurance _____ / _____ / _____ to _____ / _____ / _____

Limit of Indemnity _____

AOA _____ AOY _____

C. Details of Accident

Date of Accident _____ / _____ / _____ Time of accident _____ am/pm

Where did the accident
happen _____

State clearly how the accident
occurred _____

When was the accident first reported to you _____ / _____ / _____

When did you come to know of the accident _____ / _____ / _____

Was the accident reported to Police or any other authority

Yes ☐ No ☐

If yes, please provide details & attach copy of the Report lodged



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Whether any action taken by such authority _____

D. Witness Details

Please provide name and address of all witnesses to the incident/accident

E. Have you received any indication that a demand or claim will be made upon you for the incident or accident? Yes ☐ No ☐

If yes, please provide details including who has raised the demand and attach documents indicating the demand made _____

F. Damage caused to property/livestock

Name of owner _____

Address _____

Description of property/Livestock _____

Nature of Damage _____

Estimate cost of damage _____

G. Injury to persons

Has the accident resulted in death/injuries to any person? Yes ☐ No ☐

If yes, provide name, address, age and occupation of person(s) injured

Where was the above person(s) at the time of incident _____

Whether injured taken to hospital or treated medically? Yes ☐ No ☐

If yes, provide details

H. Estimated claim, separately under E, F & G above

I. Details of other insurances

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

J. Details of previous losses, if any _____



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K. Declaration

I/we solemnly and sincerely declare:

1. That the information provided on this claim form and statement of claim is true in every respect
2. I/we understand that the claim may be refused if information is withheld, false, misleading or concealed
3. That there was no other insurance covering this loss current as on date of this incident
4. I/we acknowledge that this claim form is a legal document and as such may be used in any legal proceedings resulting from this claim.

Signature of insured_____

Date____/____/____