

# HOUSEHOLDER'S PACKAGE POLICY (RETAIL)

## Electronic Equipment

### Claim Form

## Householder's Package Policy (Retail)

### Electronic Equipment Claim Form

Claim 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**

#### **D. Loss Details**

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

Estimate of cost of damage (please attach repairer's 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

Signature of insured\_\_\_\_\_

Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Company seal

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