

# HOUSEHOLDER'S PACKAGE POLICY (RETAIL)

## Claim Form

### Public Liability (Non-Industrial)

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 | Householder's Package Policy (Retail) | Product UIN:  
IRDAN149RP0010V02201314 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy  
documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is  
used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No.  
7208976789 (CF.HHP.ver04.12.25)

## Householder's Package Policy (Retail)

### CLAIM FORM

### PUBLIC LIABILITY (NON-INDUSTRIAL)

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Claim No. \_\_\_\_\_

Policy No. \_\_\_\_\_

1. (a) Name of Insured \_\_\_\_\_

(b) Address \_\_\_\_\_  
\_\_\_\_\_

(c) Period of the Policy from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(d) Limits of Indemnity under the Policy \_\_\_\_\_

#### 2. Particulars

(a) Date of Occurrence \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_ : \_\_\_\_ AM/PM

(b) Place of accident \_\_\_\_\_

(c) When did you first come to know of the accident? \_\_\_\_\_

(d) When was the accident reported to you? \_\_\_\_\_

(e) When the claim was first notified to the Insurer? \_\_\_\_\_

#### 3. Particulars of consequences of the accident

(a) (i) Has any person/s sustained any injuries in the accident? If so, Give name/s, address/es and occupation/s of such person/s.

\_\_\_\_\_  
\_\_\_\_\_

ii. State where such person/s was at the time of accident.

\_\_\_\_\_

iii. Have the injured person/s been removed to hospital or medically attended? If so, give particulars.

\_\_\_\_\_



(b) Has the accident caused damage to property or livestock? If so, give name/s and address/es of the owner/s of the property and/or the livestock and full description of the property and state the nature of and extent of damage.

---

---

---

(c) Has any claim been made upon you by any person/s? If so, state by whom and give full particulars (If Claim has been made in writing, attach a copy of the notification received and of the bill, If submitted)

---

---

---

(d) Estimated amount of claim (INR) separately under (a), (b) & (c) \_\_\_\_\_

---

**4. (a) Give, if possible, the names and addresses of all witnesses to the accident**

---

---

(b) Has the accident been reported to any authority? If so, state to whom and attach a copy of the report submitted.

---

---

(c) What action, if any, has been taken by the authority?

---

---

(d) Give particulars of any other insurance, if any, in respect of the same risk/liability.

---

---

**Declaration**

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/we agree that if I/we have made, or in any further declaration, the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void.

Date :

Signature of Insured:

Place:

Name: