



MAGMA
General Insurance Limited

ALL RISK INSURANCE POLICY (RETAIL)

Claim Form

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmaininsurance.com |
E-mail: customercare@magmaininsurance.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 | All Risk Insurance Policy (Retail) | Product UIN:
IRDAN149RP0003V01201314 | 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.ARIPR.ver04.12.25)



All Risk Insurance Policy (Retail) - 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.

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 _____

Details of Coinsurance, if any:

C. Loss Details

(a) Item/s affected by loss:

(b) Brief Description of loss:

(c) Cause of loss:

(d) Has the matter been reported to the Police?

(e) Name of the Police Station:

(f) FIR No. and date (Please enclose original or certified copy of FIR)

(g) Name of the Carrier/Authority in whose custody the loss has taken place (if applicable)

(h) Has the claim been lodged on the Carrier/Authority

(i) Date when the claim has been lodged on the Carrier/Authority
(Please enclose copies of the correspondence exchanged with them)



(j) Estimate of loss (with complete breakup)

(k) Any other information which you would like to provide

(l) Date & time of Loss : Date _____ Time _____ am/pm

Date/Time Discovered _____

(m) Location/Address of Loss

City _____ Pin Code _____ State _____

General:

Is there any other insurance in force providing cover for this loss or damage? **Yes** ☐ **No** ☐

If yes, please provide name of Insurer(s), policy no. and copy of Policy

IMPORTANT NOTICE

1. This form is issued without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the Policy Conditions which the Insured may have committed.

2. The Insured is requested to furnish the particulars above as fully and accurately as possible and this form is to be returned back to the Company/Surveyor immediately.

3. The Insured should make no offer or admission of liability to Third Parties.

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