

# Electronic Equipment Insurance Policy (Retail) Claim Form

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, 2<sup>nd</sup> Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | Electronic Equipment Insurance Policy (Retail) | Product UIN: IRDAN149RP0020V02201213 | 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.EEIR.ver10.12.25)



**MAGMA**  
General Insurance Limited

## Electronic Equipment 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 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



**MAGMA**  
General Insurance Limited

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. \_\_\_\_\_



Product UIN: IRDAN149RP0020V02201213



**MAGMA**  
General Insurance Limited

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



**MAGMA**  
General Insurance Limited

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

**H. Steps taken to prevent future recurrence**

---

---

---

**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

\*\*\*\*\*