# Electronic Equipment Insurance Policy (Commercial)

# Claim Form

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainsurance.com | E-mail: 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 | Electronic Equipment Insurance Policy (Commercial) | Product UIN: IRDAN149CP0006V02201819 | 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.EEIC.ver10.12.25)

# Electronic Equipment Insurance Policy (Commercial)

## 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 _____

_____

_____

**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

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