

# Erection All Risk Insurance Policy (Commercial) Claim Form

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | [www.magmainurance.com](http://www.magmainurance.com) | E-mail: [customercare@magmainurance.com](mailto:customercare@magmainurance.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 | Erection All Risk Insurance Policy (Commercial) | Product UIN: IRDAN149CP0007V02201819 | 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.EARC.ver10.12.25)



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General Insurance Limited

## Erection All Risk 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 person's name \_\_\_\_\_ Mobile \_\_\_\_\_ email \_\_\_\_\_

#### B. Policy Details

Policy No. \_\_\_\_\_ Period of Insurance \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

#### C. Accident details



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Date of occurrence \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_am/pm

Site address \_\_\_\_\_

Describe how the damage happened (please provide a sketch if appropriate)

\_\_\_\_\_

What is probable cause of the damage \_\_\_\_\_

What is damaged : Items damaged

Insured property \_\_\_\_\_ Third party property \_\_\_\_\_

Date of arrival of above items to the project site \_\_\_\_/\_\_\_\_/\_\_\_\_

Has the damage occurred during testing Yes ☐ No ☐

If yes, when did the testing begin \_\_\_\_/\_\_\_\_/\_\_\_\_

In case of damage to Third Party property, provide name & address of third party

\_\_\_\_\_

Is there any damage to existing/surrounding property Yes ☐ No ☐

Is anyone else responsible for the damage Yes ☐ No ☐

If yes, provide details \_\_\_\_\_

Who is responsible for repairs \_\_\_\_\_





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Please give names and addresses of witnesses \_\_\_\_\_

**D. Estimated cost of Repairs/replacements**

\_\_\_\_\_

Does the above estimate include alternations or improvements made to design, construction or material subsequent to damage repair Yes ☐ No ☐

**E. Details of other insurances**

Provide details of other insurances, if any, covering the incident/damage \_\_\_\_\_

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

**General**

Has the loss or damage been reported to the Police/Fire Brigade?

Yes ☐ No ☐

If yes, please attach a legible copy of FIR/Fire Brigade Report

Any measures taken to minimize the loss?

Yes ☐ No ☐

If yes, please provide details of the same \_\_\_\_\_

Any steps taken to prevent future recurrence

Yes ☐ No ☐

If yes, please provide details (attach separate sheet if required) \_\_\_\_\_

Period of project \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

State of completion of work (as on date of loss) \_\_\_\_\_



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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

Documents to be attached:

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