

# **ERECTION ALL RISK INSURANCE POLICY (RETAIL) Claim Form**

## Erection 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 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

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 \_\_\_\_/\_\_\_\_/\_\_\_\_



# MAGMA

General Insurance Limited

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

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

Is anyone else responsible for the damage Yes ☐ No ☐

If yes, provide details

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Who is responsible for repairs

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Please give names and addresses of witnesses

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## D. Estimated cost of Repairs/replacements

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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

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## F. Details of previous losses, if any

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### 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

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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)

\_\_\_\_\_

## 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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