

MACHINERY LOSS OF PROFIT POLICY (COMMERCIAL)

Claim Form



Claim Form

Machinery Loss of Profit Policy (Commercial)

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 off or destroy damaged property without consent of surveyor/Magma General Insurance.

A. The Insured

Risk Code (For office use) : _____

Name : _____

Address : _____

Tel No. : Office : _____

Mobile : _____; email : _____

B. Policy Details of Machinery/Boiler loss of profit Insurance

Policy No.: _____

Period of Insurance : From _____ to _____

C. Policy details of MBD / BPP Policy under which material damage loss has been preferred

Policy No. : _____

Period of Insurance : From _____ to _____.

Name of the Insurer : _____

D. Loss Details

Date : _____; Time : _____ am/pm





Date/Time Discovered : _____

By whom : _____

Location/Address of Loss : _____

City : _____; Pin Code : _____; State : _____

Premises occupied as : _____

Describe fully circumstances of Loss, how it happened, what caused the Loss : _____

Period for which your business has been interrupted :from ____/____/____ to ____/____/____

What is the Standard Output / Turnover : _____

What is the estimated reduction in output / turnover : _____

What is the estimated Loss of Gross Profit : _____

Claim under Add on covers : _____

Total Claim under all Sections (Separate Claim Bill may be attached) : _____

D. General (Put a tick ☐ ☐ in the appropriate ☐)

1. 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 : _____

2. Whether any change or alteration has been made in the business, premises or process after obtaining insurance? **Yes** ☐ **No** ☐

If yes, please provide details of the same : _____





3. Have you ever suffered any loss or damage leading to interruption in Production in the past?

Yes ☐ **No** ☐

If yes, please provide Date, Amount of Loss and Name of Insurer

4. Did you take any measures to minimize the loss? : **Yes** ☐ **No** ☐

If yes, please provide details of the same : _____

5. Are there any steps taken to prevent a reoccurrence? : **Yes** ☐ **No** ☐

If yes, please provide details (please attach separate sheet if required) : _____

6. Was there another person/Organisation, in your opinion, responsible for the loss or damage? :

Yes ☐ **No** ☐

If yes, please provide name, address & phone no. : _____

7. Was there any witness(es) to the incident? : **Yes** ☐ **No** ☐

If yes, please provide name, address, phone no. and enclose statement from the witness

8. Are you the sole owner of the premises/property? : **Yes** ☐ **No** ☐

If not, please provide details of other interested parties : _____

9. Whether required repairs / replacements are carried out in respect of material damage claim under MBD policy and whether the machinery is fully re-instated to its full working capacity. If so please provide complete details there of : _____

If not please indicate the time required for the same? : _____



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.
4. Any communications that the Insured receives regarding the accident should be sent to the Company immediately (UNANSWERED).

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 :

