

Commercial Crime Insurance (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 | Commercial Crime Insurance (Commercial) | Product UIN: IRDAN149CP0001V01201920 | 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
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COMMERCIAL CRIME INSURANCE (COMMERCIAL)

Issue of this form is not to be taken as an Admission of Liability

As soon a Loss /a potential loss causing circumstances have become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and detailed particulars may be sent later. This Claim Form is to be completed and signed by a Director, Partner or Principal Officer of the Insured. Appointment of legal representatives should not occur without prior consent of Magma General Insurance Ltd.

Policy Number

Policy Period

A INSURED	
.	
1 Full name of Insured .	Organisation
2 Registered address of Insured .	Organisation
.	
3 Contact Person .	Pin Code:
4 Telephone Number .	
5 Email Address .	

B. PARTICULARS OF THE INCIDENT

1 Date of incident	:	
2 Place of incident	:	
3 When did you first come to know of the incident	:	
4 When was the incident reported to you	:	
5 When was the claim first notified to the insurer	:	
6 Detailed note on the incident	:	

D. PARTICULARS OF THE CONSEQUENCE OF THE INCIDENT

1 Has any Claim been made upon You by any person? If so, state by whom and give full particulars (if the Claim has been made in writing, attach a copy of the notification received and of the bill, if submitted)	
2 Was there a contract between the Insured and the claimant who has lodged the complaint? If Yes, please provide a copy of the contract or details of contract. If received by you in writing, please	

<p>provide a copy of the correspondence.</p> <p>If oral, please give a first person account of the conversation</p>	
<p>3 Estimated amount of Claim :</p> <ul style="list-style-type: none"> . separately under <ul style="list-style-type: none"> (a) Own Financial Loss (b) Financial Loss claimed by third party 	
<p>4 What are your comments in : <ul style="list-style-type: none"> . response to the claim and your opinion on the quantum of claim </p>	
<p>5 Are there any other details that : <ul style="list-style-type: none"> . you might wish to share with Magma or which could be of interest so that We might have a better understanding of the circumstances leading to the claim. Please provide documents, if any. </p>	
<p>6 As of now, have you engaged any : <ul style="list-style-type: none"> . legal representative to act for you. If so, please provide name, firm, address and charge out rates </p>	

7 Has the incident been reported to any authority? If so, state to whom and attach a copy of the report submitted.

What action, if any, has been taken by the authority?

Give particulars of any other insurance, if any, in respect of the same risk.

E. DECLARATION AND AUTHORIZATION

The information and answers given above are true, correct and complete in every detail.

I/We understand that the claim may be refused if information is not true or is withheld.

I/We authorize Magma General Insurance Ltd. to give to and obtain from other insurers, government bureaus or any other agency any information that they may deem fit to make a decision on indemnity during the course of this contract.

Signature of the Insured

Full Name of Person Signing : _____

Designation of the Person Signing : _____

Date :

Place: