



CONTRACTORS PLANT & MACHINERY CLAIM FORM

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delay the dispatch of this form and other particulars may be sent later

Claim Number :

Policy Number :

Period of Insurance : _____ To _____

A. DETAILS OF INSURED/CLAIMANT :

Name as per Policy :	_____
Address :	_____ _____
City :	_____ State : _____ Pin : _____
Phone Number :	_____ Mobile Number : _____
Email ID :	_____

B. DETAILS OF ACCIDENT:

1	Date & Time of occurrence	
2	Place of Occurrence	
3	Name and contact details of witness	
4	Details of accident and parts affected	
5	Cause of loss	

C. DETAILS OF ITEMS AFFECTED :

1	(a) Full description of the machinery with make & model (b) Item number in the policy (c) It's separate value	
2	At which site of the project and for what purpose the machinery was used at the time of accident.	
3	Replacement cost of machinery affected	
4	Log book and last maintenance details	
5	Previous repair details of affected machinery including nature of repairs	
6	Details of manufacturer's warranty/ guarantee.	

D. DETAILS OF DAMAGE:

1	How did the damage occurred and what is the probable cause	
2	Details or Repairs/Replacements to be carried out	
3	Estimate of loss	
4	Name, address and contact number of the repairer	
5	Salvage value offered by the insured towards the damaged items	

E. DETAILS OF OTHER INSURANCE :

Give details of the other insurance which is covering the present loss, if any	
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F. DETAILS OF PREVIOUS LOSSES :

Give details of previous claims, if any	
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DECLARATION :

I / We the above mentioned, do hereby, to the best of my/our knowledge and belief warrant the truth of the foregoing statement in every respect and I/We have made or in any further declaration the company may require in respect of the said accident shall make any false or fraudulent statement or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past of future accident shall be forfeited. I/ We also agree to provide additional information to the Company, if required.

Place:

Signature of the Insured

Date:

(Seal is mandatory for companies)

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT

1. Policy copy
2. Claim form duly filled and signed by the insured
3. Estimate of loss
4. Incident report
5. Inventory details
6. Service report by supplier/manufacturer
7. Invoice copies of the damaged items
8. Present replacement value with quotation
9. Repair bills and payment receipts
10. Replacement bills and payment receipts.
11. FIR – for major fire or malicious act claims
12. Fire brigade report – for fire claims
13. Metrological report – For AOG perils
14. Stock Registers – For damage to stocks/raw materials

Note: The above documents list is not an exhaustive and the surveyor/ Insurer may call for other relevant documents based on the nature of loss.

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DISCHARGE VOUCHER

CLAIM NUMBER: _____

Received the Cheque number: _____ dated: _____ in favour of _____ from M/s Magma HDI General Insurance Co. Ltd., _____ the sum of Rs. _____ (rupees _____) towards FULL AND FINAL settlement of our claim under Policy number: _____ regarding the loss to our property _____ due to _____ dated _____. The assessment was explained to us in detail and the assessment sheet is shared with us. We have gone through the assessment and given the consent to make the payment. We here with discharge M/s Magma HDI General Insurance Co. Ltd. towards the above claim in full and final and there are no other claim pending on this policy.

Place: _____

Signature of the Insured

Date: _____

Stamp & Seal (for companies)