

## INDUSTRIAL ALL RISK POLICY-FIRE LOSS OF PROFITS 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 No : \_\_\_\_\_

Policy No : \_\_\_\_\_

Period of Insurance : \_\_\_\_\_ To \_\_\_\_\_

### A. DETAILS OF INSURED/CLAIMANT

Name: \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Pin : \_\_\_\_\_

Contact Details :

Phone Number : \_\_\_\_\_ Mobile Number : \_\_\_\_\_

Email ID : \_\_\_\_\_

### B. DETAILS OF LOSS / OCCURRENCE

Date & Time of Loss / Occurrence : \_\_\_\_\_

Name of the Loss Location : \_\_\_\_\_

Name of the witness at Location : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Purpose for which the premises being used at the time of loss :

\_\_\_\_\_

Describe the cause & extent of loss in detail :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### C. ESTIMATE OF LOSS

Period for which the business has been interrupted	From: _____ To: _____
What is the Standard Turn Over	Total: _____
What is the Estimated reduction in turnover	_____
What is the estimated loss of gross profit	_____
Claim under add on covers	_____
Total claim under all sections	_____
What are the steps taken towards bring back to production	_____

#### D. GENERAL :

1. 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

2. Has the loss/damage been caused due to AOG perils like flood, earthquake etc: YES / NO

If yes, please attach a copy of report from the meteorological deptt/newspaper clipping

3. Is there any other insurance covering the present loss: YES / NO

If yes, please provide name of Insurer(s), policy no. and copy of Policy

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4. Have you ever suffered a loss or damage in the past: YES / NO

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

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5. Are the premises protected by a Fire Protection/Detection system: YES / NO

Was the same activated during the incident \_\_\_\_\_

6. Have you taken any measures to minimize the loss: YES/ NO

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

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7. Was there another person, in your opinion, responsible for the loss or damage: YES / NO

If yes, please provide name, address & phone no. \_\_\_\_\_

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8. Is the property subject to hire purchase or hypothecation agreement ? YES / NO

If yes, please provide the details.

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9. Has there been any alteration in the occupation or use of the premises since the Policy was taken up: YES / NO

If yes, please provide details of changes/alterations in occupation \_\_\_\_\_

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10. Are you're the sole owner of the premises/property: YES / NO

If not, please provide the details of the other interested parties \_\_\_\_\_

11. At the time of loss, what was the total value of all property in the premises?

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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 agree to provide additional information to the company, if required. I/we understand that any statement/ part of the statement found false/ fraudulent or any suppression of facts observed the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited.

Place:

Date:

Signature of the Insured  
Company's stamp (in case of company)

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT
FIRE LOSS OF PROFITS (FLOP): BASIC DOCUMENTS
<ul style="list-style-type: none"> <li>• Policy Copy</li> <li>• Claim Form duly filled and signed by the insured</li> <li>• Books of accounts</li> <li>• Activities carried out at other places</li> <li>• Production details</li> <li>• Savings in Standing charges</li> <li>• Increased cost details</li> </ul>

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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)