

Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099.  
 Call (Toll Free) 1800 22 1111/ 1800 102 1111 [www.sbigeneral.in](http://www.sbigeneral.in)

## Claim Form- Bangla Shasya Bima

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

A. Policy Number/Application Number: \_\_\_\_\_

B. Policy Period: \_\_\_\_\_

Sr No	Information Requested	Response
1	<b>Details of Insured</b>	
1.1	Name-	
1.2	Communication Address-	
1.3	Risk location address-	
1.4	Contact number-	
1.5	Limit of Indemnity under policy (Sum Insured)	
1.6	Crop Season	
1.7	Area Insured	
2	<b>Details of Crop/Asset loss or damage due to weather conditions</b>	
2.1	Name of Crop-	
2.2	Weather conditions on account of which the crop was damaged	

I/We hereby agree, affirm and declare that:

- The statements/Information given/stated by me/us in the incident reporting form are true, correct and complete
- No material information which is relevant to the process of claim or which in any manner has a bearing on the claim has been withheld or not disclosed
- If I/we have given/made any false or fraudulent statement/information or suppressed or concealed or in any manner failed to disclosed material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.
- The receipt of this incident reporting form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the company of the claim and the company reserve the rights to process or reject or require further /additional information in respect of the claim.

5. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place

Date

Signature of Insured