

AGRICULTURE PUMPSET INSURANCE POLICY 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 such particulars may be sent later

Policy Number _____

Period of Insurance _____ to _____

Claim Number _____

A. DETAILS OF INSURED/CLAIMANT

Name as per policy	_____
Address	_____ _____
Contact Details	City _____ State _____ Pin Code _____ Phone Number _____ Mobile Number _____ Email ID _____
Brief Description of Business /Office/Industry/Occupation	_____ _____
Limits of Indemnity under the Policy (Rs.)	_____

B. DETAILS OF LOSS/ACCIDENT

Date of Loss ____/____/____	Time of Loss _____ A.M. / P.M.
Loss Location	
Address	_____ _____
	City _____ State _____ Pin Code _____
Contact Details of person/s at Loss Location	
Name	_____
Relationship with the Insured	_____
Phone Number	_____ Mobile Number _____ Email ID _____
Describe Cause of Loss/Damage	_____ _____
Estimated Loss (Rs.)	
Serial No. and type of Pump Set damaged.	
Makers' name and year of make.	
Nature of damage Fire/Theft/Electrical and/ or Mechanical Breakdown	
Is the item totally destroyed/lost? If not, what items are damaged?	
WITNESS DETAILS	INFORMATION TO AUTHORITY

<p>Were there any witnesses to the loss / accident? <input type="checkbox"/> (Yes) <input type="checkbox"/> (No), If 'Yes', Name of Person/s _____ _____ Address _____ _____ City _____ State _____ Pin Code _____ Phone Number _____ Mobile Number _____ Email ID _____</p>	<p>Has the loss been reported to an Authority <input type="checkbox"/> (Yes) <input type="checkbox"/> (No), If 'No', reason for not reporting _____ If "Yes", provide details <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> Municipality <input type="checkbox"/> Other Name of Authority _____ Information Report No./Authority Reference No. and Date _____ Contact Person/s _____ Address _____ _____ City _____ State _____ Pin Code _____ Phone Number _____ Mobile Number _____ Email ID _____</p>
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C. DETAILS OF OTHER INSURANCE

<p>Is the loss/damage covered under any other Insurance <input type="checkbox"/> (Yes) <input type="checkbox"/> (No), If 'Yes', specify details and attach a copy of the policy Name of Insurer: _____ Address _____ City _____ State _____ PinCode _____ Phone Number _____ MobileNumber _____ EmailID _____ Policy No. _____ Period of Insurance _____ to _____ Sum Insured (Rs.) _____</p>

D. DETAILS OF OTHER INTEREST

<p>Is the Insured the Sole Owner of the property? <input type="checkbox"/> (Yes) <input type="checkbox"/> (No), If 'No', specify Nature of Interest _____ Person/s who has/have interest on property _____ Address _____ _____ City _____ State _____ PinCode _____ Phone Number _____ MobileNumber _____ EmailID _____</p>

E. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Claim Description and Cause of Loss	Value of Loss (Rs.)	Insurer

F. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information? (Yes) (No). If 'Yes', specify

I/We, hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form are true, correct and complete.
- b. The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the Policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- d. If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the Policy shall be null and 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 and my / our claim shall be absolutely forfeited.
- e. The receipt of this claim form/other supporting /related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information and / or documentation in respect of the claim.

Place _____

Signature _____

Date _____

Name of Insured/Claimant _____