

**RESTRUCTURED WEATHER BASED CROP INSURANCE SCHEME POLICY
CLAIM FORM**

(The issue of this form is not to be taken as an admission of Liability)

1.	DETAILS OF INSURED	
(i)	Policy No:	
(ii)	Policy Start Date: DD/MM/YY	Policy End Date: DD/MM/YY
(iii)	Insured 's Name	
(iv)	Insured's Address	
(v)	Contact Nos.	
(vi)	Limits of Indemnity under the Policy	
(vii)	Date of Loss	
2.	Details of Loss:	
	Details of the activity carried out (applicable in case of non-agricultural economic activity):	
	Details of Loss/damage due to weather conditions:	
	Weather condition on account of which the damage is reported:	
3.	Details of the Property/ Crop covered:	
	Crop Name:	
	Total Area under Insurance in ha:	
	Khasra Number:	
	Village:	
	Gram Panchayat / Halka Name:	
	Taluka:	
	District:	
	Premium Paid (farmer share) in Rs.:	
4.	Details of Loan: (In case of Loanee Farmer)	
	Bank Name:	
	Branch Name:	
	Loan Account Number:	

I/We hereby agree, affirm and declare that:

- a) The statements/information given/stated by me/us in this incident reporting form are true, correct and complete.
- b) 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.

- c) 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 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.
- d) 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 reserves the right to process or reject or require further/additional information in respect of the claim.

Place:

Date:

Signature of Insured