

**WEATHER INDEX BASED INSURANCE
CLAIM FORM**

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

The completion and return of this form to the Company should not be delayed if any of the particulars required cannot be immediately given; they may be forwarded to the Company afterwards as soon as possible.

A	DETAILS OF INSURED	
2	Name of Insured	
3	Policy No.	
4	Address of the Insured	
B	DETAILS OF CLAIM	
6	Name of the Claimant	
7	Insurance Certificate No.	
8	Address	
9	Contact No.	
10	Crop Details	
11	Area under cultivation	

I/We hereby agree, affirm and declare that:

- (a) The statements/information given/stated by me 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 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 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.
- (e) I possess all the legal rights of ownership of agricultural land and the crop specified in the "Confirmation of availability of the insurance".

Place:

Date:

Signature of Insured: