

AGRICULATURAL PUMP SET INSURANCE 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.

Po	licy No.	Cla	aim No.	
Pe	riod of Insurance From			
	То	D D M M Y Y Y Y		
	A. DETAILS OF INSURED	0/CLAIMANT		
1.	Name as per Policy	S U R N A M E M I D D L	E N A M E F	I R S T N A M E
2.	Addre ss	Plot No/Door No.	Building Name	
	55	Road	Area	
		City	Pincode	
		State State		
3.	Contact Details	Phone No.	Mobile	
		E-mail Id		
	B. DETAILS OF LOSS/AC	CIDENT		
	Date of Loss Loss	D D M M Y Y Y	Time of	a.m./p.m.
2.	Loss Location Address	Plot No/Door No.	Building Name	
	Address	Road	Area	
		City	Pincode	
		State		



3.	Contact Details of person	n/s at Lo	OSS																									
	Location Name	S U	RN	A	ME			Μ	Ι	D	D	L	Ε	Ν	A	Μ	Е			F	Ι	R	S	Т	Ν	А	Μ	Е
	Relationship with Insured																											
	-	Phone	No.										Mo	bile	e	[
		E-mai	1Id																									
4.	Describe Cause of Loss/Damage																											
5.	Estimated Loss (Rs.)																											
	Name, address, telephone of the repairer																											
7.	Serial no. of affected iter	m																						-				
8.	Description of machiner	y/ mak	te & m	ode	l																							
9.	Current replacement cost	of dam	aged i	tem																								
	Dete and nature of mainte ried out (attached record) sp		details																									
11	. Previous repair details of		d macł	niner	у,								_															
	Including nature of repair	S																										
12	2. Is the damage item under warranty / guarantee, if sc										_																	
13	B. Indemnity under any addi opted under the policy	tional o	cover																									
	C. DETAILS OF OTHER IN	ISURA	NCE																									
1.	Is the loss/damage covere	edunde	ranyo	ther	Insura	nce?	,] Ye	s] N	ю						
	If 'Yes', specify details and		n a cop	y of	the pol	licy																	_					
2.	Name of Insurer																											
3.	SS	Plot N Road	o/Doc	or No									Bu Are	ildir ea	ng N	Jan	ne											
		City											Pin	cod	e	[
		State																										



4.	Contact Details	Phone No.
		E-mail Id
5.	Policy No.	
6.	Period of Insurance	From D D M Y Y Y To D D M Y Y Y
7.	Sum Insured (Rs.)	

D. DETAILS OF PREVIOUS LOSSES

Losses during the 3 preceding years

Date of Loss	Claim Description and Cause of Loss	Value of Loss	Insurer

Do you wish to reinstate the policy?

Yes	No
-----	----

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place													Signature of Insured/Claimant
Date:	D	D	M	M	Y	Y	Y	Y					Name of Insured/Claimant

Future Generali India Insurance Company Limited.



IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287. Regd. and Corp. Office: 801 and 802, 8th Floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083. Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Fax No: 022 40976900 Website: https://general.futuregenerali.in |Email: fgcare@futuregenerali.in. Trade Logo displayed above belongs to M/S Assicurazioni Generali -Societa Per Azioni and used by Future Generali India Insurance Co Ltd. under license. **Claim Form_ Agricultural Pump Set Insurance UIN:(IRDAN132RP0010V02200809)**