

FARMER'S PACKAGE POLICY-GRIHA

CLAIM FORM

- 1) Agent/Broker
- 2) Claim No.
- 3) Policy Number
- 4) Period of Insurance
- 5) Insured (in whose name the policy is issued) & Contact Details
 - a) Phone
 - b) Fax
 - c) E-mail
 - d) Street and House No.
 - e) Postal Code and Location
- 6) (a) Name of the claimant person (in respect of whom the claim is made)
 - (b) Relationship to the Insured
 - (c) Present completed age
 - (d) Occupation
 - (e) Residential Address

City _____

State: _____ Pin code: _____
- 7) Date, Time and location of loss
- 8) Cover under which claim is made

<input type="checkbox"/> Building and Contents	<input type="checkbox"/> Robbery and Burglary
<input type="checkbox"/> Farm Produce	<input type="checkbox"/> Agricultural Pump set
<input type="checkbox"/> Poultry	<input type="checkbox"/> Cart Protection & Liability
<input type="checkbox"/> Tractors	<input type="checkbox"/> Pedal Cycle
<input type="checkbox"/> Personal Accident	<input type="checkbox"/> Baggage
- 9) Cause of Loss: Please give a full description of the event, the time, date, other parties involved, and any other relevant details

Coverage:

10) Building and Contents:

1. Date of loss & Time of Loss: am/pm	
2. Description the circumstances of Loss, how it happened, and what Caused Loss/Damage and details of the building	
3. Loss Location Address	City: _____ State: _____ Pin code: _____
4. Contact Details of person/s at Loss location	Name: _____ Relationship with Insured: _____ Contact Details: _____ Phone No. _____ Mobile No. _____ Email Id: _____

5. Description of the Contents	
6. Nature of loss/ cause of loss	
7. In Case of Death : Please provide following details:	<p>a. Name of Nominee: _____</p> <p>b. Nominee's Mobile No. : _____</p> <p>E Mail ID: _____</p> <p>_____</p> <p>*In case nominee has been declared at the time of proposal, then no change will be accepted at the time of claim. Legal Heir Certificate is mandatory if nominee details are not available in policy.</p>
8. Your estimate of loss/ damage caused:	
9. Witness Details	<p>Were there any witnesses to the loss/accident? Yes/No If Yes,</p> <p>Name as Person/s: Address: City: State: Pin code:</p> <p>Contact Details: Phone No. Mobile No. Email Id:</p>
10. Information to Authority	<p>Has the Loss been reported to an Authority? Yes/No If No, Reason for not reporting If Yes, Provide details: Fire/Police/Municipality/Other Name of Authority: Information report No./Authority reference no. Date: Contact Person/s Address: City: State: Pin code: Contact Details:</p>

	Phone No. Mobile No. Email Id:
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11. DETAILS OF OTHER INSURANCE

Is the loss / damage covered under any other insurance?	Yes/No If Yes, specify details and attach a copy of the policy
Name of Insurer	
Address	City: State: Pin code:
Contact Details	Phone No. Mobile No. Email Id:
Policy No.	
Period of Insurance	From To
Sum Insured (rs.)	

12. DETAILS OF OTHERS INTEREST

Name of Insurer	
Is the Insured the Sole Owner of the property?	Yes/No If No, please specify
Nature of Interest	
Person/s who has/have Interest on property	
Address	City: State: Pin code:
Contact Details	Phone No. Mobile No. Email Id:

13. Please provide details of claim for property destroyed or damaged or lost Item no of the policy? (Please attach separate sheet if required)

14. Details of Previous Losses

Losses during the 3 preceding years

Date of loss	Claim description and Cause of loss	Amount of loss (Rs.)	Insurer

15. Details of Other Information

Do you wish to provide any other information? Yes No, If "Yes", specify

16. Please submit photographs of loss or physical damage, wherever possible.

11) Robbery & Burglary

Item (please describe in detail)	Date of manufacture	Owner	No. of pieces	Destroyed /damaged/ lost	Price paid

- a) Nature/Cause of loss
- b) Description of loss or damage including damage caused to locks if any
- c) Was the loss reported to the Police? If Yes, Case No.
- d) Has the perpetrator been apprehended by the Police?
- e) Where was the item lost located before such loss occurred?
- f) Was the time left unattended?
- g) If yes, was the same locked or secured, as the case may be?

12) Farm Produce

- a) Where was the farm produce kept at the time of the loss?
- b) Nature/cause of loss
- c) Was there any ignitable or flammable substance kept in or around the farm produce at the time of loss?
- d) What preventive measures were taken?
- e) Was an attempt made to salvage the damaged goods? If yes, details of the salvage?

13) Agricultural Pump Set

- a) Year, make, manufacturer of the pump set
- b) Nature / cause of loss
- c) Whether electrical or diesel?
- d) Where was the Pump set located and what was it used for before the loss?
- e) Was the pump set in good working condition?
- f) How old was the pump set?

14) Poultry

- a) Number of poultry dead
- b) Cause of death/ nature of loss
- c) Whether the poultry was in your ownership?
- d) What arrangement were made to ensure a clean and healthy environment for the Poultry?
- e) If death due to epidemic, then what effective steps taken to prevent contamination of other poultry?
- f) Name and details of veterinary practioner consulted, and record of all papers

- g) Have you maintained daily records of stock position, egg production, vaccination and the like and has the same been furnished to the Company?

15) Cart Protection & Liability

- a) Damage to the Cart
- i. What was the time and date of the loss
 - ii. What was the precise nature in which the loss occurred
 - iii. Were any attempts made to minimize the loss
- b) Death or Permanent Total Disability of the Animal attached to the Cart
- i. Original along with a copy of the veterinary practitioner certifying either death or PTD
 - ii. Were any attempts made to save the Animal
- c) Death or Permanent Total Disability of the authorized driver of the Cart
- i. What was the nature of the accident
 - ii. What was the driver doing at the time of the accident
 - iii. What was the nature of the bodily injury sustained?
 - iv. Was he given any medical treatment, if so with what results. Please furnish proof of medical treatment undertaken.
- d) Damages by a third party caused due to the accidental bodily injury or death of such third party
- i. What was the nature of the accident
 - ii. What was the nature of the bodily injury sustained?
 - iii. Was he given any medical treatment? Please furnish proof of medical treatment undertaken.

16) Tractors

- a) What was the year, make, model and manufacture of the tractor
- b) How did the loss occur
- c) What was it being used for at the time of the loss
- d) Was any salvage recovered, and if yes, please give details
- e) Was an FIR Lodged with the Police, if yes please give copy.

17) Pedal Cycle

Item (Please describe which kind of appliance)	Date of manufacture	Owner	No. of pieces	Destroyed/damaged/lost	Price paid

- a) Was the pedal cycle stolen or has there been loss of the accessories?
- b) Was the loss reported to the Police? If yes, Case no.
- c) Has the perpetrator caught by the Police?
- d) Where has been the pedal cycle located before the loss occurred?
- e) Was the pedal cycle unattended while it was lost?
- f) Was the same securely fastened and/or locked while it was unattended?
- g) Have you been given notice of any claim or proceeding in regard to accidental death or bodily injury and accidental damage to property arising out of or connected with the pedal cycle?

18) Personal Accident

- a) Please give the description of the loss

b) Please give medical advice or treatment undertaken, and the Doctors certificates in original, if possible

19) Baggage

Item	Date of manufacture	Owner	No. of pieces	Destroyed/damaged/lost	Price paid

- a) Where and how did the loss occur?
- b) Was the loss reported to the Police? Yes, Case No.
- c) Has the perpetrator been caught by the Police?
- d) Where was the baggage located before the loss occurred?
- e) Was the baggage securely locked?

20) Do you have any other insurance that may extend to cover your loss ? If so, please provide details of the policy and the Insurer.

I hereby declare that the foregoing statements are by myself and are true in all respects and that I have not attempted to conceal from the Company anything with which it ought to be made acquainted.

Witness
Occupation

Signature of the Insured
Date

Address

Documentation (only for inside staff)

Agreement with the Insured

Quantum of loss/reserve

*******END*******