



CLAIM FORM - FARMER'S PACKAGE INSURANCE

(The issue of this form does not constitute admission of liability. Please return this form duly completed within 14 days of the loss together with the necessary documents stated)

Policy No.

Claim No.

1.	<p>a) Name of insured:</p> <p>b) Address:</p> <p>c) Business / Occupation:</p> <p>d) Name of other persons having an Interest in the property:</p>			
2.	<b>DETAILS OF INSURANCE (including the Policy / Policies taken with our Company)</b>			
	Policy No. (s)	Sum Insured Rs.	Period	
			From	To
	N.B. If Insurance is effected with other Companies, copies of such policies to be attached.			
3.	<p><b>SECTION I &amp; II - FIRE &amp; ALLIED PERILS (FOR BUILDING &amp; CONTENTS)</b></p> <p><b>DETAILS OF LOSS / EVENT</b></p> <p>a) Time &amp; Date of Loss / Event</p> <p>b) Cause of Loss / Event</p> <p>c) Item of Policy effected (give description)</p> <p>d) Describe in detail the total event giving rise to the claim</p> <p>e) Has the event / loss been reported to Police or other Authorities?</p> <p>f) Details of steps taken to minimise losses.</p> <p>g) Fire or Meteorological or Police Report be submitted in proof of occurrence of loss / event.</p>			
	Extent of Loss (as more particularly described in the Statement overleaf)			
4.	<p><b>SECTION - III BURGLARY AND HOUSE BREAKING</b></p> <p>1. Time and date of occurrence.</p> <p>2. Details of the act of burglary noticed and how committed by burglars.</p> <p>3. Particulars of property burgled stolen with details such as</p> <p>4. Net amount claimed</p> <p>5. How and where the burgled property was stored?</p> <p>6. Was the premises occupied at the time of burglary?</p> <p>7. Was any Security personnel employed?</p> <p>8. Was the loss reported to Police? If so, please attach a copy of FIR and final Police Report when made available.</p>			
	Extent of Loss (as more particularly described in the Statement overleaf)			
	For the following questions please furnish information with reference to the particular section of the policy under which the loss/event had occurred.			
5.	<p><b>SECTION IV - T.V. / V.C.R. / V.C.P.</b></p> <p>a) Description of the TV /VCR/VCP</p> <p>b) Make / Model</p> <p>c) Year of Manufacture</p> <p>d) Cost Price</p> <p>e) Situation where the set is installed / used</p> <p>f) Replacement Cost</p>			



	<p><b>DETAILS OF LOSS / EVENT</b></p> <p>a) Time &amp; Date of Loss / Event  b) Cause of Loss / Event  c) Item of Policy effected (given description)  d) Describe in detail the total event giving rise to the claim  e) Has the event / loss been reported to Police or other Authorities?  f) Fire Brigade / Meteorological / Police Report be submitted in proof of occurrence of loss.  g) Name of Repairer.  h) Estimated cost of repairs along with estimate.  i) Salvage value offered.</p>	
6.	<p><b>SECTION V - PEDAL CYCLE / CYCLE RICKSHA INSURED PROPERTY:</b></p> <p>a) Name and make of the pedal cycle / cycle rickshaw:  b) Year of Manufacture:  c) Date of purchase and Value:  d) Sum Insured:  e) Number of passengers carried:  f) When did the accident happen? (Please state date and exact time)  g) Was the pedal cycle in proper working condition at that time?  h) Where did the accident happen?  i) Give full description of the accident, its cause, the damages suffered by the pedal cycle  j) If the rider / driver of the pedal cycle or any pillion rider on the pedal cycle has / have been injured, give full details of the nature of injury sustained and treatment availed of.  k) Give the names and addresses of witnesses, if any, to the accident.  l) Was the accident reported to Police? If so, attach copy of F.I.R. If not reported to police, please state the reason therefor.  m) Where can the pedal cycle / cycle rickshaw be inspected?  n) Name and address of the Repairer.  o) Estimated cost of repairs.  p) Particulars of any injury to or damage to property of third party:  i) Name and Address of the Injured person  ii) Name of the doctor or Hospital who has given first aid assistance/treatment.  q) Has the Injured person or property owner made any claim on you? If so, give particulars and also attach copy of notice.  r) Did the accident cause loss of or injury to Livestock or any other animal or bird? If so, give full details with nature and extent of such loss or injury.</p>	
7.	<p><b>SECTION VI - PERSONAL ACCIDENT / JPA / GAP</b></p> <p>Please return the claim form (Claimant's statement) and the medical / hospital report form vide Annexures I &amp; II attached herewith duly completed and signed along with death certificate and post-mortem report, if necessary.</p>	
8.	<p><b>SECTION VII - BIO-GAS PLANT / TINY SECTORS / ARTISANS / VILLAGE &amp; COTTAGE INDUSTRY</b></p> <p><b>DETAILS OF LOSS / EVENT</b></p> <p>a) Time &amp; Date of Loss / Event  b) Cause of Loss / Event  c) Item of Policy effected (give description)  d) Describe in detail the total event giving rise to the claim  e) Has the event / loss been reported to Police or other Authorities?  f) Details of steps taken to minimise losses.  g) Fire or Meteorological or Police Report be submitted in proof of occurrence of loss / event.</p>	
	Extent of Loss (as more particularly described in the Statement overleaf)	
9.	<p><b>SECTION VIII - LIVESTOCK / CATTLE / CAMEL / HORSE ETC.</b></p> <p>Please return the livestock claim form duly completed along with the Veterinarian's report in the forms vide attached hereto, vide Annexures III &amp; IV post-mortem certificate and ear tag.</p>	



10.	<p><b>SECTION IX - KISAN AGRICULTURAL PUMP SET</b></p> <p>a) Description of the Pump set:  b) Make / Model  c) Year of Manufacture  d) Suction  e) H.P / R.P.M.  f) Amp / Volts  g) Rating  h) Situation of the pump set with Survey No.  i) Cost Price Replacement Cost</p>	
	<p><b>DETAILS OF LOSS / EVENT</b></p> <p>a) Time &amp; Date of Loss / Event  b) Cause of Loss / Event  c) Item of Policy effected (given description)  d) Describe in detail the total event giving rise to the claim  e) Has the event / loss been reported to Police or other Authorities?  f) Extent of Loss (as more particularly described in the Statement overleaf)  g) Name of the Repairer  h) Estimated cost of repair / replacement  i) Salvage value offered</p>	
11.	<p><b>SECTION X - POULTRY / BIRDS INSURANCE</b></p> <p>Please return the attached claim form-cum-veterinary certificate vide Annexure V duly completed and signed.</p>	
12.	<p><b>SECTION XI - FIDELITY GURANTEEE</b></p> <p>1. Full particulars of circumstances surrounding the loss  2. Particulars of loss of money denomination wise and details of cash on hand as per receipts.  a) Particulars of pledged gold jewelry  b) Full description of article.  c) To whom the article belonged  d) From whom purchased or received (Name and address)  e) Date purchased or received  f) Weight  g) Cost  h) Deduction for wear and tear and depreciation.  i) Net amount claimed.  3) Details of Safe or Vaults kept in the premises and keys operation procedure practiced.  4) In the event of loss due to misappropriation of money or gold by employees / dishonesty of appraiser / Pigmy collectors.  a) Name of Defaulter and last known address  b) State date of discovery of the irregularities and what led to it.  c) For how long and in what manner have the embezzlements been carried on and concealed ?  d) Has there been any previous irregularity in the Defaulter's accounts ? If so, state nature of same.  e) What is the extent of the loss so far as at present ascertained ?  f) Do you hold any other security than the above policy in respect of the Defaulter ?  g) What salary, commission or other remuneration or allowances is due to him ?</p>	
13.	<p><b>SECTION XII - BAGGAGE</b></p> <p><b>DETAILS OF LOSS / EVENT</b></p> <p>a) Time &amp; Date of Loss / Event  b) Cause of Loss / Event  c) Item of Policy effected (given description)  d) Describe in detail the total event giving rise to the claim  e) Has the event / loss been reported to Police or other Authorities?</p>	



	<p>f) Extent of Loss (as more particularly described in the Statement overleaf)</p> <p>g) Total number of baggage carried at the time of travel.</p> <p>h) Number of check in baggage entrusted to carrier.</p> <p>i) Number of hand baggage</p> <p>j) Single article limit for the item lost</p> <p>k) Details of articles in pairs or sets.</p> <p>l) Contents of lost baggage with full details.</p> <p>m) In case the Hotel or Travel carrier is responsible for the loss, have you lodged a monetary claim on them.</p> <p>n) The response for the above action.</p>	
<p>14.</p>	<p><b>SECTION XIII - ANIMAL &amp; CART INSURANCE</b></p> <p><b>A) LOSS OR DAMAGE TO CART / VEHICLE</b> <b>DETAILS OF LOSS / EVENT</b></p> <p>a) Time &amp; Date of Loss / Event</p> <p>b) Cause of Loss / Event</p> <p>c) Item of Policy effected (give description)</p> <p>d) Describe in detail the total event giving rise to the claim</p> <p>e) Has the event / loss been reported to Police or other Authorities?</p> <p>f) Estimate of repairs to the cart / vehicle.</p> <p>g) Name of repairer.</p> <p><b>B) INJURY TO ANIMAL</b></p> <p>a) Was the animal injured due to any accident or event? If so, give full description of the accident / event.</p> <p>b) Was the animal given veterinary treatment? If so, by whom.</p> <p>c) Was the animal disabled due to the said accident? If so, describe the nature of disablement supported by the attending Veterinary Doctor.</p>	
	<p><b>C) THIRD PARTY LIABILITY (including Passenger Liability)</b></p> <p>a) Date hour and place of accident</p> <p>b) Cause of accident (Full information)</p> <p>c) Nature and extent of injury or damage</p> <p>d) Name, address and age of injured person/s</p> <p>e) Particulars of accidental bodily injury of the injured</p> <p>f) Name and address of owner of third party property damaged</p> <p>g) Is he / she in your service</p> <p>h) Details of compensation expected</p> <p>i) Has any communication, verbal or written made to you for any claim from third party? If so, give particulars.</p> <p>j) Details of compromise made if any.</p> <p>k) When and by whom was the accident reported to you?</p> <p>l) Has the accident been reported to Policy or Public Authority?</p> <p>m) Name/s and address/es of the witnesses to the accident.</p>	
	<p><b>D) PERSONAL ACCIDENT TO DRIVER</b> <b>DETAILS OF LOSS / EVENT</b></p> <p>a) Time &amp; Date of Loss / Event</p> <p>b) Cause of Loss / Event</p> <p>c) Describe in detail the total event giving rise to the claim</p> <p>d) Has the event / loss been reported to Police or other Authorities?</p> <p>e) Name of the driver and age.</p> <p>f) Was the driver removed to hospital immediately after the accident?</p> <p>g) If yes, name and address of the hospital.</p> <p>h) Nature of injury suffered by the driver due to the accident.</p> <p>i) Result of the medical treatment i.e. whether the driver was disabled due to the accident and if so, the nature of disablement duly certified by the hospital.</p> <p>j) Name and age of the assignee in case of death of the driver.</p> <p>k) Relationship with the diseased driver.</p> <p>l) Full address of the assignee.</p> <p><b>m) Have you enclosed death certificate and post-mortem report? If so, please attach the same.</b></p>	



15,	<b>SECTION XIV - AGRICULTURAL TRACTORS</b> Please return the appropriate claim form relating to the Motor Policy duly completed along with necessary documents.	
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I/We hereby declare that the statement made by us in the claim form are true to the best of our knowledge and belief and that I / We have to withheld any material information which has bearing upon the claim.

Place:

Date:

**Signature of the Claimant**

**CLAIM FORM  
DETAILS OF CLAIM FOR PROPERTY / LOST / DESTROYED OR DAMAGED**

The insurance is based on the principle of indemnity only and subject to Policy terms and conditions and all claims must be based upon the actual value of the goods at the time of event excluding any value addition whatsoever.

Item Number of Policy	Description of Affected / Lost Property	Value at the time of event / lost Rs.	Deduction for value of salvage, wherever applicable Rs.	Net Amount Claimed Rs.



PERSONAL ACCIDENT INSURANCE – CLAIMANT’S STATEMENT

(The issue of this form does not constitute admission of liability. Please return this form duly completed together with Death Certificate from the Hospital or the Medical Attendant, Post Mortem Certificate, and Police Panchanama, if any; Should there be delay in obtaining any forms, kindly return this Claim Form first to the Office which issued the Policy )

Claim No.

Policy No.

1.	a) Name of Claimant (in full) [If more than one, state names of all] b) Full Postal Address c) Relationship of Claimant with the deceased	a) b) c)
2.	State nature of title under which Claimant is claiming the amount	
Particulars of the Insured Person who died in the accident		
3.	a) Name (in full) b) Last full Postal Address c) Last Occupation d) Age at the time of the accident	a) b) c) d)
4.	a) When did the accident happen? (Give date and exact time) b) Where did the accident happen? c) Give full description of the accident, its cause and injuries sustained d) State date, time and place of death	a) b) c) d)
5.	On what date did the claimant receive information in regard to the accident and from whom?	
6.	Give the names and addresses of two persons who witnessed the accident	
7.	a) Was the deceased free from infirmity at the time of accident? If not, give particulars b) Was the deceased under the influence of drugs or drink at the time of accident? c) Is the Claimant satisfied that the death was directly due to the accident? d) Give the names and addresses of i) The Hospital, Clinic or Nursing Home where the deceased was treated after the accident ii) The Physician / Surgeon who attended on the deceased after the accident iii) His regular Physician, if any	a) b) c) d) i) ii) iii)
8.	Did the deceased have any other Accident Insurance on his life? If so, state the name of the Insurer/s and amount/s claimed	

I / We hereby affirm and declare that the answers to all the above questions are full and true in every respect.

Place :

Date :

Witnesses:

Signature of Claimant

1. Signature  
Name  
Address

2. Signature  
Name  
Address



**PERSONAL ACCIDENT INSURANCE – MEDICAL REPORT (FOR DISABLEMENT CLAIM)**

(This form is to be completed and signed by the Medical Attendant)

1.	Name and Address of Insured Person:	
2.	What was the injury ?	
3.	a) When did you first attend on the Insured person following the injury? b) Are you still attending on him?	a) b)
4.	Are you his usual Medical Attendant? If you have treated him for any previous illness or injury, please give details:	
5.	a) According to you, how long the Insured Person was confined to bed/house as the direct and sole consequence of the above injury? b) During this period was the Insured Person able to attend to any portion of his normal duties? If so, from what date: c) If not, please state probable period of convalescence after which he can resume his normal duties fully.	a) b) c)
6.	Any other remarks you wish to make:	

I hereby certify the Insured Person mentioned above has suffered from the disease mentioned above and that I have treated him for the said disease.

Place:

Date :

Signature:

Name:

Seal / Rubber Stamp

Address:

Qualifications:

Regn. No.

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Note: The fee, if any, for this Report will be borne by the Insured Person.



LIVE STOCK / CATTLE / CAMEL / HORSE ETC. - DISCRIPTION OF ANIMAL CLAIMED FOR

	Description of Animal	Identification Tag No. Colour	Species & Breed	Sex (If female whether pregnant calf at foot, freshly carved or heafer	Exact Age in years	Milk yield prior to illness	Value prior to illness
	<ol style="list-style-type: none"> <li>1. When was the animal first seen ill?</li> <li>2. When was notice sent to veterinarian?</li> <li>3. When first and last seen by veterinarian?</li> <li>4. Date of Attendance.</li> <li>5. Name &amp; Address of Veterinary Surgeon who attended.</li> <li>6. Place of death, with date and hour.</li> <li>7. Cause of death;                If from disease, how do you account for it?                If from accident, how did it occur and who was in charge?                If operated upon recently, state nature and date and also name of Surgeon.                Was any post-mortem conducted? If so, please attach the Report.                Please attach the enclosed Veterinary Certificate duly Completed and signed by the Veterinary Surgeon.</li> <li>8. Purpose for which used or employed when last at work.</li> <li>9. Did you breed or buy the animal?</li> <li>10. Date of last carving:                State whether the animal is dry or pregnant.                If pregnant, what is the stage of pregnancy.</li> <li>11. Amount of claim.</li> <li>12. Is the year tag of the animal enclosed</li> <li>13. Is the animal insured elsewhere?                Are you receiving compensation from any other source? If so, from whom and details.</li> <li>14. a) If animal has not died, describe the nature of injury / disease and state when it occurred and its duration.                b) Has this injury / disease resulted in permanent capacity to conceive or yield milk or breed or for purpose of use mentioned in the proposal? If so, give details supported by Veterinary Certificate.                c) What steps were taken by you after the injury / disease was noticed to prevent the permanent in capacity as described above?</li> </ol>					<p><b>YES OR NO</b></p>	





**LIVESTOCK / CATTLE / CAMEL / HORSE ETC. - CLAIM**

**VETERINARY CERTIFICATE**

I hereby certify that the animal described below, the property of Mr/Mrs./Miss----- of ----- died on the ----- of -----200 and that I attended the said animal from the ----- day of -----until the ----- day of ----- 200

**DESCRIPTION OF ANIMAL**

Description of Animal	Identification / Tag No.	Species & Breed	Sex (if female Whether Pregnant calf at foot, freshly calved or heifer) colour & full distinguishing marks	Exact age in years	Height	Value prior to illness Rs.
1.	Did you make a post-mortem? If so, give detailed report on reverse of the form					
2.	Cause of death					
3.	If from disease, how do you account to it?					
4.	If from accident, where did it occur and nature of injuries sustained					
5.	If from an operation, give date and nature of operation					
6.	Had the animal had every care and attention?					
7.	Did you examine for Insurance and do you identify the animal?					
8.	a) If animal has not died, describe the nature of injury / disease and state when it occurred and its duration. b) Has the injury/disease resulted in permanent incapacity to conceive or yield milk or breed or for the purpose for which it is intended? c) Did you treat the animal for the injury/disease? And if so, what was the nature of treatment given to prevent the permanent incapacity to conceive or yield milk or breed or the purpose for which it is intended?					
9.	Salvage Value				Rs.	

I hereby warrant the truth of my answers respecting the above animal death and I know of no material information which has been withheld.

Signature:

Qualification:

Date:

Name & Address:

Seal:

This form should be completed without delay and forwarded direct to the Company.

\* Strike out whichever is not applicable



Claim Form – Cum – Veterinary Certificate  
POULTRY INSURANCE

1.	Name of the farm and its location					
2.	Name of owner(s)					
3.	Address:					
4.	Description of the birds					
5.	a) Number of birds dead for which claim is preferred and the amount claimed				At the time of Insurance	At percent
	b) Breed and strain of birds					
Sl. No.	Description (State whether Chick, Grower, Layer broiler parent stock)	Identification No. wing band/ leg band wing badge	Exact age in weeks	Total No. of birds in the flock	Total percentage of mortality till date in the insured flock from the date of insurance (to be supported by the records maintained)	Date of preference of last claim & details of No. of Birds died
6.	a) When were the birds first seen ill? b) When was notice sent to the Veterinary Surgeon? c) Dates of attendance by Veterinary Surgeon d) Whether treatment given or not? If yes, Particulars of treatment given: What are the preventive measures taken to protect other birds? e) Date of deworming done f) <b>CAUSE OF DEATH:</b> g) Is there any contagious or infectious disease prevalent in the flocks: or in the vicinity?--- If the birds have started laying give No. of eggs yield for the past 4 weeks h) Have all the birds been protected as per vaccination schedule against Ranikhet, Fowl pox, Mareck’s diseases? If so give dates of vaccinations done. Source of receipt of vaccine: date of receipt Brew No.					
7.	a) What was the source of supply of bird/s chicks? b) What was the source of supply of feed					
8.	In case of any mass mortality, whether any compensation has been claimed from any other source? If so, give details of the No. of birds, amount compensated etc.					
9.	a) Whether Post-Mortem conducted? If so, is a detailed Post-Mortem report enclosed or not? b) No of birds culled so far					
10.	When was the premium paid?					

I/ we the above named do hereby to the best of my / our knowledge and belief warrant the truth of the foregoing statement in every respect and affirm that proper treatment and care was given to the birds, I / We agree that if I / We have made or in any further declaration the Company may require in respect of the said accident shall make any false statement or any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of future accidents shall be forfeited.

Date:

Name & Signature of Witness:

Signature of Insured.

VETERINARY CERTIFICATE	
1.	Total No. of birds died:
2.	Percentage of mortality:
3.	Identity No.
4.	CAUSE OF DEATH:

(Attach a detailed report of P.M. done on a sample batch of carcasses)

I CERTIFY that I have this day carefully examined the carcasses of birds described in the above schedule and that the particulars, and answers to the questions are correct to the best of my knowledge and belief and the cause of death is no adverse reflection on the “Care and Management” of the insured flock.

Date :

Signature  
Qualification

Station :

Name & Address