



UNITED INDIA INSURANCE COMPANY LIMITED

FLORICULTURE / HORTICULTURE / PLANTATION (INPUT) INSURANCE CLAIM FORM

1. NAME OF THE INSURED :
2. ADDRESS :
3. OCCUPATION :
4. POLICY NUMBER :
5. **PLANTATION DETAILS:** :
 - a) Name of Crop :
 - b) Variety :
 - c) Date of Planting :
 - d) Total Number of Plants :
 - e) Total Area Covered :
 - f) Number of Plants / Acre :
6. **IDENTIFICATION OF LAND:** :
 - a) Survey / Gat / Hissa No. :
 - b) Village / Taluka :
 - c) District :
 - d) Land Registered in the name of :
7. NAME & ADDRESS OF FINANCING BANK/
AGENCY (IF ANY) :
8. **DETAILS OF LOSS:** :
 - a) Date of Loss :
 - b) Number of Plants / Trees destroyed or
Percentage of Crop destroyed
(In case of Fruit Crop) :
 - c) Date of Planting of the Plants / Trees
Which were destroyed :
Date of previous harvest (Fruit Crop) :
 - d) Cause of Loss :
 - e) Fire / Meteorological Report (if any) :
9. **ESTIMATED LOSS:** :
 - a) Cost of Inputs incurred at the time of
Issue of Policy :
 - b) Cost of Inputs incurred at the time of loss :
 - c) Salvage Value (If any) :
10. AMOUNT OF GRANT / SUBSIDY (IF ANY) :
11. ARE THERE ANY EXISTING INSURANCE
WITH THIS OR ANY OTHER COMPANY
ON THE SAME PLANTATION / HORTICULTURE
CROP? IF SO, STATE NAME OF COMPANY,
AMOUNT INSURED, PREMIUM AND PERIOD
OF INSURANCE :
12. **ASSESSMENT OF LOSS:** :
 - A) Assessed By :
 - b) Qualification :
 - c) If attached to any Institution, Name & Address
of such Institute :

Either this Form should be countersigned by a Qualified Agricultural Officer or a separate certificate giving the details of nature of loss and assessment duly signed by a Qualified Agricultural Officer should be attached.

Countersigned by authorised
Person of Financing Bank
Date:

Signature of Insured
Date: