



**UNITED INDIA INSURANCE COMPANY LIMITED**

**AGRICULTURAL PUMPSET INSURANCE – CLAIM FORM**

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

Policy No.

Claim No.

1.	a) Name of insured: b) Address  c) Name of other persons having an Interest in the property			
2	<b>DETAILS OF INSURANCE</b>			
	Policy No. (s) and Sec. under which the loss had occurred	Sum Insured Rs.	Period From To	
	N.B. If Insurance is effected with other Companies, copies of such policies to be attached.			
	(a) <b>Description of the Pump set:</b> (i) Make / Model (ii) Year of Manufacture (iii) Suction (iv) H.P / R.P.M. (v) Amp / Volts (vi) Rating (vii) Situation of the pump set with Survey No.	(a)		
	(b) Cost Price	(b) Rs.		
3.	(c) Replacement Cost	(c) Rs.		
	<b>DETAILS OF LOSS / EVENT</b>			
	a) Time & 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?			
	(a)Extent of Loss (as more particularly described in the Statement overleaf)	(a) Rs.		
	(b)Name of the Repairer	(b)		
	(c) Estimated cost of repair / replacement	(c) Rs.		
	(d) Salvage value offered	(d) Rs.		

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**