



**UNITED INDIA INSURANCE COMPANY LIMITED**  
**AQUACULTURE (SHRIMP / PRAWN) INSURANCE**  
**CLAIM FORM**

**(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 relevant documents.)**

Policy No.

Claim No.

1.	a) Name of insured: b) Address c) Business / Occupation d) Name of other persons having an Interest in the property			
2.	<b>DETAILS OF INSURANCE (including the policy / policies taken with our Company)</b>			
	Policy No. (s)	Sum Insured Rs.	Period From      To	
3.	N.B. If Insurance is effected with other Companies, copies of such policies to be attached.			
	<b>DETAILS OF THE PROJECT AFFECTED IN THE CLAIM :</b> (a) Name and Location of the Project (b) Revenue Survey numbers and Village (c) Total Area (in hectares) (d) Water Spread Area (in hectares) (e) Identity No/s. of the Pond/s / Tank/s affected in the claim (f) Total area of the Ponds / Tanks affected in the claim (in hectares) (g) Total No. of the post larvae and Variety / Species stocked in each Pond / Tank affected in the claim (h) Date/s of stocking (i) Age of post larvae stocked in each Pond / Tank affected in the claim (j) Date of Harvest			

4.	a) Scope of cover opted: b) Give an account of 'Firm Maintenance' procedures followed by you.	SECTION I & / OR II & / OR III
5.	<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? f) Section No. under which the Loss / Event is covered g) Whether the loss is due to any of the Exclusions in the Policy – viz., Predators, competitors, weed fish, dangerous insects, asphyxia, loss of production, diseases such as Black Gill, Soft-shell, Muscle Necrosis, Crumbled Tails, Fouling Organisms (Zoothanium Sp., Epistylis Sp. etc.) or Plankton Blooms ? h) Details of preventive steps taken to avert the loss i) Density of shrimp / prawn per square meter in the Pond/s / Tank/s affected in the claim j) What are the Stages of Culture in the different Pond/s / Tank/s affected in the claim ? Please furnish full details. k) Date/s of previous harvest in the affected Pond/s / Tanks. What is the natural mortality percentage upto the stage of culture in the Pond/s / Tank/s affected in the claim ? l) What is the percentage of population of the shrimp / prawn in the Pond/s / Tank/s affected in the claim just prior to the occurrence of the loss / event ? Have you complied with the guidelines recommended by the Government Authorities, Officials of the Fisheries Department, Research Institutes, Fisheries College etc., before and during the occurrence of the loss / event ? Please furnish details of compliance.	
6.	Extent of Loss (as more particularly described in the Statement overleaf) along with the purchase documents and bills for the feed upto the stage at which the loss / event has occurred.	

I/We hereby declare that the statements made by us in the claim form are true to the best of our knowledge and belief and that I / We have not withheld any material information which has bearing upon the claim.

Place:

Date:

**Signature of the Insured / Claimant**

## 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 items insured 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.