



SALT WORKS 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>										
	<table border="1"><thead><tr><th rowspan="2">Policy No. (s)</th><th rowspan="2">Sum Insured Rs.</th><th colspan="2">Period</th></tr><tr><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td></tr></tbody></table>	Policy No. (s)	Sum Insured Rs.	Period		From	To				
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		From	To								
	N.B. If Insurance is effected with other Companies, copies of such policies to be attached.										
3.	<b>DETAILS OF PROPERTY INSURED :</b> a) Location of Sites insured : b) State c) District d) Village / Taluka e) Survey No./GAT No./HISSA No. f) Immediate Neighbours: g) How is the boundary demarcated?  (Please enclose a plan of Farm site with the above details clearly marked)										
4.	Whether the sites insured are owned by the Insured or taken on lease – if latter full details thereof.										
5.	Whether the site insured is duly approved by any agency / Authority ? If so, please attach proof.										



6.	<b>Value of the property insured :</b>  a) Cost of construction of : 1. Earthworks 2. Mudworks b) 1. Number of Platforms 2. Quantity stored on each Platform 3. Value of Salt stored on each Platform c) Total Sum Insured d) Indicate the basis adopted in proposing the Sum Insured	
7.	<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) If the loss is due to Storm, Cyclone, Flood and allied perils or Due to unseasonal rainfall – Please attach Certificate from the Meteorological Department clearly indicating the duration, intensity, localities affected etc., and a certificate from "Salt Commissioner' or an official duly authorised by the State Government to certify such loss.	
8.	Extent of Loss (as more particularly described in the Statement overleaf) (a) Cost of construction of Earth work / Mud work on repair basis (b) Cost of Salt stored on the Platform / s lost on the basis of actual cost of production	

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**

(The Issue of this form does not constitute admission of liability)



**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 insured items 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.