



UNITED INDIA INSURANCE COMPANY LIMITED
SERICULTURE 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.	DETAILS OF INSURANCE (including the policy / policies taken with our Company)										
	<table border="1" style="width: 100%;"><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				
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.	PARTICULARS OF THE PROPERTY INSURED : a) Location of Sites on which the Farm is situated : 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)										
	<table style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 25%; text-align: center;">East</td><td style="width: 25%; text-align: center;">West</td></tr><tr><td></td><td style="text-align: center;">North</td><td style="text-align: center;">South</td></tr></table>		East	West		North	South				
	East	West									
	North	South									
4.	Whether the sites insured are owned by the Insured or taken on lease – if later full details thereof.										
5.	Whether the site insured is duly approved by any agency / Authority ? If so, please attach proof.										

6.	Identification of insured Crops for each variety of breed viz., Bivoltine, Multivoltine, Crossbreed and Tassar :	Lot No.	Date of aching	Date of seed Preparation
7.	Source from which the laying eggs (seeds) were acquired.			
8.	<p>Value of the Crop insured for each variety of breed viz., Bivoltine, Multivoltine, Crossbreed and Tassar : On Input Cost basis :</p> <p>a) Cost of Chawkie Volume b) Cost of leaf c) Cost of labour d) Cost of Chemicals e) Cost of Medicines f) Cost of others, if any with specific details</p>			
9.	<p>DETAILS OF LOSS / EVENT</p> <p>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) Whether the loss is due to any of the Exclusions in the Policy ? g) Details of preventive steps taken to avert the loss h) What are the Stages of Growth for the different types / species / breeds of the Silkworms affected in the claim ? Please furnish full details. i) Date/s of previous harvest in the affected rearing area. What is the natural mortality percentage upto the stage of the growth of the worms in the rearing area affected in the claim ? j) What is the percentage of population of the silkworms in the rearing area affected in the claim just prior to the occurrence of the loss / event ? k) Have you complied with the guidelines recommended by the Government Authorities, Officials of the Sericulture Department, Research Institutes etc., before and during the occurrence of the loss / event ? l) Have you made necessary entries in the official records about the accident, disease or pest incidental at any stage of crop ? If so, please attach certified copies of extracts thereof.</p>			

	m) Please attach herewith the Police Report, Fire Brigade Report, Meteorological Report (wherever necessary) and the Certificate obtained from the Assistant Director of Sericulture.	
10.	Extent of Loss (as more particularly described in the Statement overleaf) along with the purchase documents and bills for the seeds (laying eggs) and leaf (feed) purchased if any 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 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.