



Agriculture Insurance Company of India Limited

Head Office: Plate B & C, 5th Floor, Block 1, East Kidwai Nagar, New Delhi - 110023

PULPWOOD TREE INSURANCE

(UIN: IRDAN126RP0004V01200708)

Claim Form

(Issuance of this form is not to be taken as admission of liability)

The completion and return of this form to the Company should not be delayed if any of the particulars required cannot be immediately given as such particulars may be forwarded to the Company afterwards but within a reasonable time.

A. DETAILS OF INSURED			
Name & address of the Insured/claimant:			
B. DETAILS OF INSURANCE			
Policy / Confirmation No.:			
Name & Age of Trees & variety:			
Acreage (Acres):			
Details of acreage insured:	Village:	Block:	Survey No.:
Period of Insurance:			
Sum Insured (Rs):			
C. DETAILS OF LOSS & CLAIM			
Cause and nature of loss (brief description):			
Date & time of occurrence:			
Extent of area (acreage) damaged:			
Quantum of loss:			
Approximate value of claim under this insurance policy:			

I/We hereby agree, affirm, and declare that:

- The statements / information given/stated by me in this incident reporting form is true, correct, and complete. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- If I have given / made any false or fraudulent statement / information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I shall not be entitled to all/any rights to recover there under in respect of any or all claims, past, present or future.
- I am aware, 'the receipt of this claim reporting form / other supporting / related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further / additional information in respect of the claim'.
- I possess all the legal rights of ownership / tenancy etc. of agricultural land and the crop specified in the insurance policy.

Place:

Date:

Signature of Insured