



POTATO CROP INSURANCE

(UIN: IRDAN126RP0002V01200607)

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.:		
	Area Insured (Acres):		
	Details of acreage insured:	Village:	Block:
			Survey No.:
	Sum Insured (Rs):		
	Date of planting the crop:		
C.	DETAILS OF LOSS & CLAIM		
	Cause and nature of loss (brief description):		
	Date & time of occurrence:		
	Plant population per Acre before the occurrence of loss causing peril:		
	Plant population per Acre after the occurrence of loss causing peril:		
	Stage / Age of crop at the time of loss causing peril:		
	Quantum of loss:		
	Approximate value of claim under this insurance policy:		

I/We hereby agree, affirm and declare that:

- (a) 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.
- (b) 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.
- (c) 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'.
- (d) 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