

## BRACKISH WATER PRAWN INSURANCE POLICY CLAIM FORM

(The issue of this form is not to be taken as an admission of liability)

Claim No. \_\_\_\_\_

Policy No. \_\_\_\_\_

1. Name of the Insured					
2. Address					
3. Telephone No./Mobile No.					
4. E-mail ID No.					
5. Details of Project and Claim :					
Name and Location of the Project	Water area in hectares	Survey Nos	No. & Species of Prawns stacked tankwise	Average weight at the time of Loss	Value prior to loss(input cost)
6. Cause of loss with full details					
7. Is there any outbreak of epidemic in the vicinity?					
8. Date of occurrence of accident or disease, when seen first.					
9. What are the steps taken to prevent loss after the accident/disease/epidemic?					
10. (a) Whether the accident or disease caused a total loss of prawns or only a partial loss. If partial loss, then what is the extent of loss? (b) If total, date by which the loss was total					
11. When was the notice sent to the certifying officer?					
12. Source and date of purchase of post larvae & price paid.					
13. If the loss has been due to pollution, poisoning, riot & strike -give details					
14. Amount of Claim (input Cost) to be supported by Bills					
15. Are prawns insured elsewhere? Are you receiving compensation from any other source? If so, from where?					

This is an Internal document.

16. Total volume of bunds in cubic metres before loss.	
17. Volume of earth washed away. Give working separately(tank wise & bunds wise)	
18. Measurement of breaches, if any.	
19. Cost of repairs of bunds	
20. Rate paid for cubic metre of earth work.	
21. Total Claim : (a) Prawn (b) Bunds	

#### DECLARATION

1. I/We agree to provide additional information to the Company if required. I/We are the above insured, and I/We guarantee the truthfulness of the above statement in every respect, to the best of my/our knowledge and belief, and if I/We have made any false or fraudulent statement, or have suppressed or concealed any material facts, the policy will be cancelled and all rights in respect of past or future claims will be reserved.
2. I/We understand that the Company reserves the right to verify & obtain my identity, address, facts and documents relating to the policy and claim with rating agencies, third parties or service providers.
3. I/We have read and understood the privacy policy of the Company at [www.universalsompo.com](http://www.universalsompo.com) and I/We unconditionally agree and bind myself/ourselves to all the terms and conditions of your privacy policy as amended from time to time.
4. I/We have received a list of documents with this claim form and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above.
5. I/We declare that the details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Except as disclosed in this claim form, no claim for the same or similar loss has been made or lodged with any other insurance company.
6. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof/ bank details as well as the identity/address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Signature of Insured: \_\_\_\_\_

Date: \_\_\_\_\_

Company's stamp:

## **DEATH CERTIFICATE**

**To be filled in by the concerned authority of the State Fisheries Department or MPEDA or BFDA**

1. Date on which the intimation of disease or :  
loss/accident received from the Owner of  
the farm
2. Mode of information to you by the Owner :
3. Dates of your inspection of the farm :
4. Species of Prawn/Shrimp :
5. Age at the time of death /loss:
6. Average weight in grams at the time of:  
death/loss
7. Value at the time of death :  
(in terms of incurred expenses)
8. Cause of loss :
9. Whether the loss is total or partial (if partial  
specify in terms of approximate percentage) :
10. In your opinion whether the prawns are cultured  
had all the care and attention and all the  
necessary precautions been taken to avert the loss:

I/We certify that the answers to the questions are correct to the best of my/our knowledge and belief. I/We also certify that the required books are being maintained in proper order and death has no adverse reflection on care and management of the Insured prawns.

I/We confirm that the physical verification of the dead prawns has been done by me/us. (In case you have any relevant information or difference of opinion in connection with the claim, please specify).

Place:

Signature:

Date:

Name, Qualification:

Designation & Address:

**This form should be completed without delay and forwarded to the Company alongwith the Claim Form.**