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## PLANTATION/HORTICULTURE INSURANCE 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 (Survey No)  | Total area covered | Total No. of Plants insured | No. of plants destroyed | Cost of inputs at the time of issue of policy (Rs) | Cost of inputs incurred up to the time of loss (Rs) |
|   |                    |                             |                         |  |   |
| 6. Date of loss   |                    |                             |                         |  |   |
| 7. Cause of loss with full details  |                    |                             |                         |  |   |
| 8. What are the steps taken to prevent loss after the accident/disease?                                   |                    |                             |                         |  |   |
| 9. When the loss intimation was sent to the Insurance Company?  |                    |                             |                         |  |   |
| 10. If the loss has been due to riot & strike-give details  |                    |                             |                         |  |   |
| 11. Are crops insured elsewhere? Are you receiving compensation from any other source? If so, from where? |                    |                             |                         |  |   |
| 12. Total amount of Claim lodged supported by the bills   |                    |                             |                         |  |   |

### 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.

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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

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