

**USGI – PRADHAN MANTRI FASAL BIMA YOJANA**  
**Intimation form of localized risks for individual farm level assessment**

**Name of Insured Farmer: Mr / Mrs / Km.....**

I have insured my ..... (Name of crop) crop(s) under Modified National Agricultural Insurance Scheme (MNAIS) as a Loanee farmer during ..... Season through .....  
..... (name of bank branch / PACS and their contact phone number) vide their declaration no. ....

Or

I have insured my ..... crops under Modified National Agricultural Insurance Scheme (MNAIS) as a non-Loanee farmer through ..... (name of bank branch / PACS/ intermediary or directly with your office) vide declaration No.....and paid a premium of Rs.....through demand draft no. ....dated .....

My insured crop has suffered loss before harvest due to hailstorm / landslide operated on \_\_\_\_\_ (date)

Please specify if crop is also lost due to any other calamity \_\_\_\_\_.

**Details of loss are as follows:**

**Season:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Taluka:** \_\_\_\_\_ **Hobli:** \_\_\_\_\_

Survey no.	Crop	Area Sown (in ha.)	Area Insured (in ha.)	Approximate Area affected (in ha.)	Approximate loss percentage

**Declaration**

1. I will not remove any part of crop from affected areas or in any way change appearance of crop in the affected farm till survey work is complete. I enclose a photocopy of ownership of land record / tenancy / sharecropper agreement and copy of proposal form, if available, herewith. Please arrange to survey my farms. My contact phone / mobile numbers are given below.
2. I declare that the above crop/s are not insured under any other policy/scheme. I also declare that the above is a full, true and accurate statement and I possess legal rights to above land as owner / tenant or sharecropper (delete whichever is not applicable).
3. 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.
4. 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.

**This is an Internal document.**



5. 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.

6. 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.

7. 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.

8. 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 Authorised signatory

Signature / thumb impression\* of Nodal Bank (with Seal)  
the insured farmer

**Name of the signatory:**

**Name of the farmer:**

**Designation:**

**Mobile number :**

**Address :**

Witness Signature:

Name & address:

Date:

Place:

Note: Please send this form duly filled up to us on above FAX number within 48 hours of loss.

Contact Address: Universal Sampo General Insurance Co. Ltd. Unit No. 601 & 602, 6<sup>th</sup> Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708

Registered & Corporate Office: 8th & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City Off Western Express Highway, Goregaon East, Mumbai 400063

Toll Free 1800 22 4030 (MTNL/BSNL) / 1800 200 4030 (Reliance) / 1800102 4030 (Airtel).

Website: [www.universalsompo.com](http://www.universalsompo.com) Email: [contactus@universalsompo.com](mailto:contactus@universalsompo.com)