

WEATHER INSURANCE - NATIONAL CROP INSURANCE PROGRAMME CLAIM FORM

ISSUE OF THIS FORM IS NOT TO BE CONSTRUED AS AN ADMISSION OF LIABILITY BY INSURER

The completion and return of this form to the company should not be delayed if any of the particulars required not be immediately given. They may be forwarded to the company afterwards as soon as possible.

Claim No. _____	Policy No. _____
Name of the Insured	
Address	
Telephone No./Mobile No.	
E-mail ID	
Details of Property covered	
If Crop, area under cultivation	
Crop under cultivation	
Landholding – whether owned or leased	Own <input type="checkbox"/> Lease <input type="checkbox"/>
If leased land, then name of owner	
Land record - Certified copies of documents attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you taken insurance of similar nature for the same land from some other Company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes to above, then please provide details.	
Details of damages due to Weather condition	
Weather conditions responsible for loss	
Estimate of Damages	Property – Rs. Crop – Rs.
Weather report procured from (If not procured, please apply immediately)	
Is the affected property / crop financed, if yes, please provide details of finance	

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 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:

Documents Attached: