

**CLAIM FORM
INLAND FISH INSURANCE**

(The issue of this form is not to be taken as an Admission of Liability)

Office Adders:	Policy No	:
	Period of Insurance	:
	Date of death	:
	Claim Number	:

PLEASE ANSIWER ALL QUESTIONS COMPLETELY

SECTION 1

a) Details of Insured		
1	Name	
2	Address for Correspondence	
3	Address of Fish Pond	
4	Contact Number	
b) Details of the insured Fish		
1	Total Number of Insured Fish	
2	Certificate form Fishery Department	
3	Breed of Fish	
4	Age of Fish	

1) Particulars of claim

- Reasons for Death:
- In case of death on account of Accident:
 - Place and Date and Time of Accident:
 - Details of Accident:

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
Mailing Address:
601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West)
Mumbai - 400 064

CIN: L67200MH2000PLC129408
Registered Office Address:
ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,
Mumbai 400 025

UIN : IRDAN115RP0002V01200809 (Inland Fish Insurance)
Toll free no : 1800 2666
Alternate no : 86552 22666 (chargeable)
E-mail : customersupport@icicilombard.com
Website : www.icicilombard.com

- Whether Reported To Police:
- Date end Time of Death:
- In case of death on account of disease:
 - Treatment Given
 - Details of the Fishery Extension officer contacted
 - Dale and Time of disease Incidence
- In Case of death due to Acts of God perils
 - Type of Event
 - Whether due to flood
- Any other information

I hereby agree, affirm and declare that:

- (a) The statements/information given/stated by me in this claim form are true, correct and complete.
- (b) 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.
- (c) 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.
- (d) The receipt of this claim 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.

I/We hereby agree and ensure to maintain details of all the beneficiaries covered under the policy and shall share the same with Company as and when required

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place
Date

Thumb imprint/Signature of the Insured

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SECTION II (TO BE COMPLETED BY AUTHORISED FISHERY EXTENSION OFFICER)	
1	Name and address of the Fishery Extension Officer
2	In case of death, date of admission of dead Fish
3	Date of medical examination. of dead Fish
4	(i) Reason of death (ii) Particulars of medical examination conducted (iii) Remarks and comments
5	In case of Death due to disease: Date of admission of Fish: Date of medical examination of Fish: Reason of death of the Fish: Valuation of Fish Remarks and comments
6	In case of Death due to Acts of God: Date of Death of fish: Valuation of Fish Reason of death of the Fish Remarks and comments

Signature of the Authorized Fishery representative

Date:

Name:

Official Seal of the Fishery department:

Designation: