

CLAIM FORM FOR PRADHAN MANTRI FASAL BIMA YOJANA (PMFBY)

(Claim Intimation form for Localized Risks/ Post-Harvest Losses)

Policy No.	
Tagging ID (For Lombard's Internal Usage)	

Details of Insured Farmer

Name of the Insured Farmer	
Name of the father/Spouse of Insured	
Mobile No	
Mailing Address	
Village	
Post Office	
Tehsil	
District	
State	
Pin Code	
Address of Land	
Village	
Post Office	
Tehsil	
District	
State	
Pin Code	
Email Id (If available)	
Cast (SC/ST/ GEN/OTHER)	
Gender	

Details of Crop Insured and Land

Scheme	PMFBY
Crop Season/Year	
Crop Name	
Sowing date	
Stage of Crop	
Proposed date of Harvesting	
Harvesting Date (IF already harvested)	
Crop Acreage (Insured area in Ha)	
Total Land (Ha)	
Total Land Insured (Ha)	
If the Insured is Loanee/Non-Loanee	
Survey No/Khasara No/Udyan Card No	
Name of Notified area	
Sum Insured (Rs)	
Premium paid by Farmers (Rs)	
Date of Premium deducted in case of Loanee farmer/Date of Issuance of Cover note in case non loanee farmer	

Declaration

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.

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 : IRDAN115RP0001V01201617 [PMFBY]

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