

## CLAIM FORM FOR FARMERS PACKAGE POLICY

### NOTIFICATION OF LOSS OR DAMAGE

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

Office Address	Cover Note / Policy No :
	Period of Insurance :
	Date of Accident :
	Claim Number :

Name \_\_\_\_\_

Address \_\_\_\_\_

1. Reason of Loss or Damage or Accident?	
2. When did the loss or damage occur?	
( Give date and time)	
3. Witnesses to the occurrence.	
Give names and addresses of any two	
4. Serial No./ Identification of Insured Intety	
<b>Exact Cause of damage by expertise/surveyor for the opted coverage(if Applicable):</b>	
Agricultural Pump set	
Agricultural Tractor	
Cattle Insurance	
Livestock Insurance	
Weather Insurance	
Individual Personal Accident	
Group Personal Accident	
Individual Health	
Group Health	
Group Health (Floater)	
Critical illness	
Secure Mind	
Group Secure Mind	

#### 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 : IRDAN115RP0004V01200809**

**Toll free no : 1800 2666**

**Alternate no : 86552 22666 (chargeable)**

**E-mail : customersupport@icicilombard.com**

**Website : www.icicilombard.com**

Public Liability (Non-Industrial Risk)	
Employer's Liability (Workmen's Compensation)	
Machinery Breakdown	
Electronic Equipment	
All Risk	
Money	
Plate Glass	
Fidelity Guarantee	

Are you or any of the proposed applicants a PEP\* or Family member / Close relatives / Associates of PEP\*?

Yes ☐ No ☐

If yes, please give details (Nature of relationship and position held by PEP):

.....  
*"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States / Government, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations and important political party officials;"*

I/We hereby agree, affirm and declare that:

- The statements/information given/stated by me/us in this Claim Form are true, correct and complete.
- 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. Furthermore, save and except as provided or disclosed in this Claim Form, no Claim made hereunder (or the same/similar Claim) has been made or lodged with any other Insurance Company.

- c) 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.
- d) If I/We 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/We shall not be entitled to all/any rights to recover thereunder in respect of any or all Claims, past, present or future.
- e) 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.
- f) 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
- g) 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:

**Signature of Insured**

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