

CLAIM FORM FOR WEATHER INSURANCE POLICY

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

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

1.	Details of Insured	
1.1	Name	
1.2	Address	
1.3	Contact No.	
1.4	Limit of Indemnity under policy	
2	Details of Crop loss or damage due to weather conditions	
	Name of Crop	
	Weather conditions on account of which the crop was damaged	

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:

1. The statements/Information given/stated by me/us in the incident reporting form are true, correct and complete
2. No material information which is relevant to the process of claim or which in any manner has a bearing on the claim has been withheld or not disclosed
3. If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclosed 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.
4. The receipt of this incident reporting form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the company of the claim and the company reserve the rights to process or reject or require further /additional information in respect of the claim.

5. 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