**CLAIMFORM FORAGRICULTURE PUMPSET INSURANCE POLICY**

(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY)

#### To be filled in by proposer

|  |  |
| --- | --- |
| 1. **Name** of proposer (in block letters):
 |  |
| 1. **Address** of Proposer including Pin Code (in block letters):
 |  |
| 1. Contact No.: Landline/Mobile No.:
 |  |
| 1. E-Mail Address:
 |  |
| 1. Occupation:
 |  |
| 1. When did loss or damage occur? (State date and hour)
 |  |
| 1. Give the name and address of the witnesses to the occurrence.
 |  |
| 1. Cause of Damage
 |  |
| 1. What was damaged?
2. Part of Pumpset
3. Sum Insured
4. Type of machine output or capacity
5. Manufacturers and year of Mfg.
6. What is the cost of replacement of the damaged part by a new part of same size and capacity
 |  |
| 1. a) Was the property brand new or second hand?

b) What was the last occasion before the damage when the machine was overhauled or attended to for maintenance or damage. |  |
| 1. Is the damaged property totally destroyed?
 |  |
| 1. Which parts of the property are damaged to such an extent that replacement is necessary?
 |  |
| 1. Has the period of Guarantee expired? If so, when?
 |  |
| 1. What is the estimated amount of loss or damage?
 |  |
| 1. A) Has the pumpset undergone any repairs previously?

B) What was the nature of such repairs? |  |
| 1. Give name and address of the workshop where repairs will be executed: (Provisional repairs will not be indemnified)
 |  |

In case of insufficient place, separate sheet may be attached.

**Details of Insured’s Bank Account:**

|  |  |  |
| --- | --- | --- |
| 1) | Name : |  |
| 2) | PAN No.: |  |
| 3) | Bank Account No.: |  |
| 4) | Bank Name & Branch: |  |
| 5) | Cheque/DD Payable details: |  |
| 6) | IFSC Code: |  |

I declare that to the best of my knowledge all particulars contained in the form are true.

**DATE:**

**PLACE: Signature of the Claimant**