

AGRICULTURAL PUMP SET INSURANCE CLAIM FORM

ISSUE OF THIS CLAIM FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY.

If any detail or information is not readily available please do not delay the dispatch of this form and such particulars may be sent later.

Policy No.

Claim No.

Period of Insurance From

To

A. DETAILS OF INSURED/CLAIMANT

1. Name as per Policy

2. Address Plot No/Door . Building

Road Area

City Pin code

State

3. Contact Details Phone No. Mobile

E-mail Id

B. DETAILS OF LOSS/ACCIDENT

1. Date of Loss Time : a.m./p.m.

2. Loss Location Address Plot No/Door . Building

Road Area

City Pincode

State

