TEA CROP INSURANCE – CLAIM FORM

Policy Number	
Claim Number	
Period of Insurance	**From** **To**
A. DETAILS OF INSURED CLAIMANT	
1 Name Of Insured/Claimant	
2 Address	**City:** **State:** **Pin Code:**
3 Contact	**Telephone Number:** **Mobile Number:** **E-mail:**
OTHER DETAILS	

Sum Insured	
Area under cultivation	
Crop under cultivation	
Bank account No. & Name of the Bank	
Landholding – whether owned or leased	
If leased land, then name of owner	
Land record - Certified copies of documents attached	
Have you taken insurance of similar nature for the same land from some other Company?	
If Yes to above, then please provide details	

DECLARATION

I/We agree to provide additional information to the company, if required. I/We the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the company may require in respect of the said accident, shall make any false or fraudulent

statement, or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited.

Date:_____

Place: _____ Signature of insured with companies seal