

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: _____
of insured with companies seal

Signature

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800