

FARMER'S PACKAGE POLICY-GRIHA CLAIM FORM

- 1) Agent/Broker
- 2) Claim No.
- 3) Policy Number
- 4) Period of Insurance
- 5) Insured (in whose name the policy is issued) & Contact Details
 - a) Phone
 - b) Fax
 - c) E-mail
 - d) Street and House No.
 - e) Postal Code and Location
- 6) (a) Name of the claimant person (in respect of whom the claim is made)
 - (b) Relationship to the Insured
 - (c) Present completed age
 - (d) Occupation
 - (e) Residential Address

City _____ State: _____ Pin code: _____
- 7) Date, Time and location of loss
- 8) Cover under which claim is made

<input type="checkbox"/> Building and Contents	<input type="checkbox"/> Robbery and Burglary
<input type="checkbox"/> Farm Produce	<input type="checkbox"/> Agricultural Pump set
<input type="checkbox"/> Poultry	<input type="checkbox"/> Cart Protection & Liability
<input type="checkbox"/> Tractors	<input type="checkbox"/> Pedal Cycle
<input type="checkbox"/> Personal Accident	<input type="checkbox"/> Baggage
- 9) Cause of Loss: Please give a full description of the event, the time, date, other parties involved, and any other relevant details

Coverage:

10) Building and Contents:

1. Date of loss & Time of Loss: am/pm	
2. Description the circumstances of Loss, how it happened, and what Caused Loss/Damage and details of the building	
3. Loss Location Address	City: _____ State: _____ Pin code: _____
4. Contact Details of person/s at Loss location	Name: _____ Relationship with Insured: _____ Contact Details: _____ Phone No. _____

	Mobile No. Email Id:
5. Description of the Contents	
6. Nature of loss/ cause of loss	
7. In Case of Death : Please provide following details:	a. Name of Nominee: _____ _____ _____ b. Nominee's Mobile No. : _____ E Mail ID: _____ _____ *In case nominee has been declared at the time of proposal, then no change will be accepted at the time of claim. Legal Heir Certificate is mandatory if nominee details are not available in policy.
8. Your estimate of loss/ damage caused:	
9. Witness Details	Were there any witnesses to the loss/accident? Yes/No If Yes, Name as Person/s: Address: City: State: Pin code: Contact Details: Phone No. Mobile No. Email Id:
10. Information to Authority	Has the Loss been reported to an Authority? Yes/No If No, Reason for not reporting If Yes, Provide details: Fire/Police/Municipality/Other Name of Authority: Information report No./Authority reference no. Date: Contact Person/s Address:

	City: State: Pin code: Contact Details: Phone No. Mobile No. Email Id:
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11. DETAILS OF OTHER INSURANCE

Is the loss / damage covered under any other insurance?	Yes/No If Yes, specify details and attach a copy of the policy		
Name of Insurer			
Address	City: code:	State:	Pin
Contact Details	Phone No. Id:	Mobile No.	Email
Policy No.			
Period of Insurance	From	To	
Sum Insured (rs.)			

12. DETAILS OF OTHERS INTEREST

Name of Insurer			
Is the Insured the Sole Owner of the property?	Yes/No If No, please specify		
Nature of Interest			
Person/s who has/have Interest on property			
Address	City: code:	State:	Pin
Contact Details	Phone No. Id:	Mobile No.	Email

13. Please provide details of claim for property destroyed or damaged or lost

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- d) What arrangement were made to ensure a clean and healthy environment for the Poultry?
- e) If death due to epidemic, then what effective steps taken to prevent contamination of other poultry?
- f) Name and details of veterinary practioner consulted, and record of all papers
- g) Have you maintained daily records of stock position, egg production, vaccination and the like and has the same been furnished to the Company?

15) Cart Protection & Liability

- a) Damage to the Cart
 - i. What was the time and date of the loss
 - ii. What was the precise nature in which the loss occurred
 - iii. Were any attempts made to minimize the loss
- b) Death or Permanent Total Disability of the Animal attached to the Cart
 - i. Original along with a copy of the veterinary practioner certifying either death or PTD
 - ii. Were any attempts made to save the Animal
- c) Death or Permanent Total Disability of the authorized driver of the Cart
 - i. What was the nature of the accident
 - ii. What was the driver doing at the time of the accident
 - iii. What was the nature of the bodily injury sustained?
 - iv. Was he given any medical treatment, if so with what results. Please furnish proof of medical treatment undertaken.
- d) Damages by a third party caused due to the accidental bodily injury or death of such third party
 - i. What was the nature of the accident
 - ii. What was the nature of the bodily injury sustained?
 - iii. Was he given any medical treatment? Please furnish proof of medical treatment undertaken.

16) Tractors

- a) What was the year, make, model and manufacture of the tractor
- b) How did the loss occur
- c) What was it being used for at the time of the loss
- d) Was any salvage recovered, and if yes, please give details
- e) Was an FIR Lodged with the Police, if yes please give copy.

17) Pedal Cycle

Item (Please describe which kind of appliance)	Date of manufacture	Owner	No. of pieces	Destroyed/damaged/lost	Price paid

- a) Was the pedal cycle stolen or has there been loss of the accessories?
- b) Was the loss reported to the Police? If yes, Case no.
- c) Has the perpetrator caught by the Police?
- d) Where has been the pedal cycle located before the loss occurred?
- e) Was the pedal cycle unattended while it was lost?

- f) Was the same securely fastened and/or locked while it was unattended?
- g) Have you been given notice of any claim or proceeding in regard to accidental death or bodily injury and accidental damage to property arising out of or connected with the pedal cycle?

18) Personal Accident

- a) Please give the description of the loss
- b) Please give medical advice or treatment undertaken, and the Doctors certificates in original, if possible

19) Baggage

Item	Date of manufacture	Owner	No. of pieces	Destroyed/damaged/lost	Price paid

- a) Where and how did the loss occur?
- b) Was the loss reported to the Police? Yes, Case No.
- c) Has the perpetrator been caught by the Police?
- d) Where was the baggage located before the loss occurred?
- e) Was the baggage securely locked?

20) Do you have any other insurance that may extend to cover your loss ? If so, please provide details of the policy and the Insurer.

I hereby declare that the foregoing statements are by myself and are true in all respects and that I have not attempted to conceal from the Company anything with which it ought to be made acquainted.

Witness
Occupation

Signature of the Insured
Date

Address

Documentation (only for inside staff)

Agreement with the Insured

Quantum of loss/reserve

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:** gccicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800