

Generali Central Insurance Company Limited

**PRADHAN MANTRI FASAL BIMA YOJNA (PMFBY)-INTIMATION-CUM
CLAIM FORM**

**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY ANSWER
ALL QUESTIONS CAREFULLY**

Particulars of the Insured			
1. Name of the Insured Farmer (Mr. /Ms.)		2. Name of the father/spouse of Insured (Shri/Smt.)	
3. Address for communication			
4. Telephone/Mobile No		5. E mail ID	

Particulars of Crop Insurance

Scheme	PMFBY	Crop season		Crop year	
1. If insured through a bank branch: 1. Loanee 2. Non-Loanee (Tick as appropriate)					
(a).Account No		(b) Name Of Bank & Branch			
(c).Amount of Premium		(d) Date of deduction of Premium /Receipt			
2.If Insured through other Channels/ Intermediary (Broker/GIPSA/Direct)					
(a).Name of Intermediary		(b).Farmer ID/Proposal No./Cover Note No.			

Please mention the date of occurrence of peril against the respective cause of loss

Cause of loss	Date of occurrence of peril
Cyclone (Post Harvest)	
Cyclonic rains (Post Harvest)	
Unseasonal rains (Post Harvest)	
Landslide (Localized)	
Hailstorm (Localized)	
Inundation (Localized)	
Mid –Season Adversity (.....)	

Address of the farm where losses occurred

District	Taluka	Revenue Circle/Cluster	Village

Details of the Insured Crop where losses occurred

Survey no.	Crop	Area Sown (in ha.)	Date of sowing of crop	Area Insured (in ha.)	Approximate Area affected (in ha.)	Approximate loss percentage
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1						
2						
3						

Details of other insurances:

Are there any other insurances against the same crop mentioned above	Yes/No.
Name of the insurance company	
Cover Note/ Policy No.	
Sum Insured (Rs.)	
Area Insured (ha)	

I above named farmer being insured under PMFBY do hereby declare and set forth that at or about.....O'clock a.m./p.m. on the.....20.....(above ticked incidence) occurred in the above mentioned farm due to which insuredcrop has been damaged.

I, further assure you that I will not remove any part of crop from the affected farm or in any way change appearance of crop in the affected farm till survey work is completed. Please arrange to survey my field.

I herewith enclose the proof of ownership of land record/tenancy/sharecropper agreement and copy of Cover note/premium receipt as applicable with this claim form.

Date:

Signature/Thumb Impression of farmer

(Name and address of witness in case of thumb impression) _____

For Bank/ Intermediary:

This is to certify that above mentioned particulars of crop insurance is correct as per our records and premium thereof has already been sent to Generali Central Insurance Company Limited as per the relevant Notification.

Signature

Date:

Authorised signatory
of issuing Bank/Intermediary with Seal

(Name and Designation)

Note: Please send this form duly filled up to us on above FAX number/e-mail or submit to the surveyor.

The Loss will not be assessed if premium has been paid/ debited after occurrence of peril

Claim is liable to be rejected if premium has not been paid to the bank/ intermediately before the date of occurrence of peril

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