

Kshema Samriddhi

UIN: IRDAN162RP0004V01202425

Kshema Samriddhi Claim Form

IRDAI Registration. No: 162		CIN No: U66000TG2018PLC125484	
Policy Number:			
Affected polygon ID/ lat Log			
Insured details:			
Insured's Name:	Customer ID:	Contact No:	Email id:
Crop Name:	Insured Acreage:	Season:	
Claim Details:			
Description of Loss: (Please give detailed description)			
Date of Loss Occurrence:	Time of Loss Occurrence:	Area Effected in Acres:	Estimated Loss:
Place:	Date:	Signature of the Farmer or Thumb Impression	

Declaration

I _____, the undersigned, legal beneficiary of the above claim, declare that all details mentioned in this form are true. In case you discover that I have made a fraudulent claim or used fraudulent information/ supporting documents/means to obtain the claim, I authorize you to recover the claim amount paid repudiate the claim in total and also agree to cancel the policy from inception without any refund of premium paid by me.

Signature/Thumb Impression of Insured

Entity/Company seal (if claim amount is entity/Company)

Date _____

Place _____