

**Kshema Prakriti**  
UIN: IRDAN162RP0001V05202324

<b>Kshema Prakriti</b> (UIN: IRDAN162RP0001V05202324) <b>Claims Form</b>			
<b>IRDAI Registration. No: 162</b>		<b>CIN No: U66000TG2018PLC125484</b>	
<b>Policy Number:</b>			
<b>Affected polygon ID:</b>			
<b>Insured details:</b>			
<b>Insured's Name:</b>	<b>Customer ID:</b>	<b>Contact No:</b>	<b>Email Id:</b>
<b>Address:</b>			
<b>Crop Name:</b>	<b>Insured Acreage:</b>	<b>Season:</b>	
<b>Claim Details:</b>			
<b>Request for the Mode of Claim settlement (Subject to feasibility by the Company):</b>			
<b>Mode of payment:</b>			
Google Pay / Phone Pe / Net Banking/Paytm/ Cheque			
<b>Description of Loss: (Please give detailed description)</b>			

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Date of Loss Occurrence:	Time of Loss Occurrence:	Effected Area 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 and I request for above selected mode of payment subject to feasibility by Insurance Company. In case your discover that I have made a fraudulent claim or used fraudulent information/ supporting documents/means to obtain the claim, I authorize your 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 \_\_\_\_\_