

<h2 style="margin: 0;">Kshema Sukriti</h2> <p style="margin: 0;">(UIN: IRDAN162RP0002V02202324)</p> <h3 style="margin: 0; text-decoration: underline;">Claims Form</h3>			
IRDAI Registration. No: 162 CIN No: U66000TG2018PLC125484			
Policy Number: #####			
Email D:		Website:	
Affected polygon:			
Insured details:			
Insured's Name:	Customer ID:	Contact No:	Email Id:
	Age:	Address:	Agent ID:
Crop Name:	Insured Acreage:	Season:	
Nominees Details:			
Name of the Nominee	Age: *(In case of Minor provide guardian Details):	Relation:	Guardian Details:
Claim Details:			
Claim Number:	Please Tick for the Mode of Claim settlement: <input type="checkbox"/> Online Transfer: <input type="checkbox"/> Google Pay <input type="checkbox"/> Phone Pe <input type="checkbox"/> Net Banking <input type="checkbox"/> Paytm <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque		

Date of Loss Occurrence:	Time of Loss Occurrence:	Cause of Loss:	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 agree to the mode of payment against the claim number mentioned above. 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 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

Stamp Required In case of Company.

Date _____

Place _____