

Kshema Sukriti
UIN: IRDAN162RP0002V05202324

<p>Kshema Sukriti (UIN:IRDAN162RP0002V05202324) Claim Form</p>			
IRDAI Registration. No: 162		CIN No: U66000TG2018PLC125484	
Policy Number: #####			
Affected polygon ID:			
Insured details:			
Insured's Name:	Customer ID:	Contact No:	Email id:
Crop Name:	Insured Acreage:	Season:	
Claim Details:			
Mode of payment:			
Google Pay / Phone Pe / Net Banking/Paytm/ Cheque			
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	

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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 _____