


CIN No. U66010RJ2006PLC029979
IRDA Registration Number: 137



Shriram General insurance Co. Ltd.

IN PARTNERSHIP WITH THE  **Sanlam GROUP**
Regd. & Corpt. Office: E-8, EPIP, RIICO Industrial Area, Sitapura,
Jaipur (Rajasthan) – 302022
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Toll Free: 1800-100-3009, 1800-300-30000, ISO/IEC 27001:2013 certified

Pradhan Mantri Fasal Bima Yojana(PMFBY)- Claim Form

INTIMATION-CUM-CLAIMFORM

THE ISSUE OF THIS FOR MIS NOT TO BE TAKEN AS AN ADMISSION
OF LIABILITY ANSWER ALL QUESTIONS CAREFULLY

Particulars of the Insured

1.Policy No.			
2.InsuranceCo			
3.Name of the Insured Farmer (Shri/Smt.)		4.Name of the father/ spouse of Insured (Shri/Smt.)	
5.Sum Insured			
6.Area Insured(ha)			
7.Address for communication			
8.Telephone/MobileNo		9.Email ID	

Particulars of Crop Insurance

Scheme	PMFBY/RWBC IS	Crop season and Year		Crop	
1.If insured through a bank branch: 1.Loanee <input type="checkbox"/> 2.Non-Loanee <input type="checkbox"/> (Tick as appropriate)					
a)AccountNo		b)Name Of Bank & Branch			
c)Amount of Premium		d)Date of Premium deduction/ Receipt			
2.If Insured through other Channels / Intermediary (Broker / GIPSA / Direct)					
a)Name of Inter- mediary		b)Farmer ID/ Proposal No. / Cover Note No.			

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 (inha.)	Area Insured (inha.)	Approximate Area affected (inha.)	Approximate loss per centage
1						
2						
3						

Please mention the date of occurrence against the cause of loss

Cause of loss	Tick which ever applicable	Date of occurrence
Cyclone(Post Harvest)		
Cyclonic rains (Post Harvest)		
Unseasonal rains(Post Harvest)		
Landslide (Localized)		
Hailstorm (Localized)		
Inundation(Localized)		

Other Details of loss

Date of Harvest (for Post-Harvest Loss)	
Crop Variety	
How Many watering till the date of loss	
Fertilizers used till the date of loss (Amount Rs.)	
Manures used till the date of Loss (Amount Rs.)	
Are there any other insurances against the same crop mentioned above	

I, _____ 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 insured _____ crop has been damaged. I, further assure 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 farms. I am herewith enclosing the proof of ownership of land record/tenancy/share crop per agreement and copy of Cover note /premium receipt as applicable with this claim form.

Date: _____ **Signature/Thumb Impression of farmer** _____

For Bank / Intermediary:

This is to certify that above mentioned particulars of crop insurance is correct as per our record and premium there of has already been sent to Shriram General Insurance Company Ltd as per their Levant Notification.

Date _____ **Signature of Authorised signatory of Issuing Bank/ Intermediary With Seal (Name and Designation)** _____

Note: Please send this form duly filled up to our representative or submit to the surveyor

Enclosures:

- Duly filled claim form
- Insurance details-Policy pdf, premium receipts etc
- Land record details
- Loan details (if applicable)
- Photographs as evidence of the crop loss
- Local newspaper cutting
- NEFT documents along with duly filled mandate form

Mandate Form for Electronic Transfer of Claim Payments

To, Shriram General Insurance Company Ltd	Office Code & Name: i-trackNumber:
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[illegible][illegible]

I/ we have read the declarations / conditions mentioned over leaf.

Place: _____ Date: _____ (Beneficiary's Signature)_____

MANDATORY REQUIREMENT PLEASE ATTACH HERE

Cancelled blank Cheque of your bank for ensuring accuracy of name of the bank, branch name, Account number and IFSC code. If NAME OR IFSC code of the payee is not printed on the cheque leaf, please attach copy of theirst page of the bank passbook also.

I have verified the documents attached with the mandate and confirm that these documents correctly belong to the Partner ID & Partner Name mentioned in the mandate. (To be verified by superior)

EmployeeCode	EmployeeName:	Designation
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Place _____ Date _____ Signature _____

DECLARATION

- I/We hereby declare that the particulars given above are correct and complete and no blank have been left. If the transaction is delayed or not effected at all for reason of incomplete or incorrect information I/ we would not hold Shriram General Insurance Company Limited responsible.
- I/ We undertake to revoke the instruction for NEFT in the event of the business relationship expiring and or being terminated and further hereby specifically authorize Shriram General Insurance Company Limited, to do so, former an donmy behalf, incase there vocation communication is not received from mew it his even day so expiry and or being termination of relationship.
- I/We further undertake or refund, at any time, any excess amount whether demanded by Shriram General Insurance Company Limited or not, which has been credited to my account [due to any reason] by Shriram General Insurance Company Limited, in excess of (i) the amount due to me, or (ii) in excess of amount for which I gave mandate, and or (iii) agreed rent/license fees/compensation/refund able security deposit/Commission/ Claim/ Refund /Any other payment.
- I/We agree that the payment will be devoured to be credited starting from the date of next payment cyclean dun less the Mandate is revoked by me/ us issuance of relevant credit instruction for electronic payment from Shriram General Insurance Company Limited in to the aforesaid account will be valid discharge to Shriram General Insurance Company Limited for having paid (i) the amount due to me ,or (ii) in excess of amount for which I gave mandate, and or (iii) agreed rent/ license fees/ compensation/ refundable security deposit/Commission/Claim/Refund/Any other payment.
- I/We further confirm that we understand this mode a same thud of payment introduced by Reserve Bank of India, which provide susan option to receive the amount and or to collect our payment s by electronic payment mode directly through my/ our bank accounts.
- I/We further confirm that I/ we understand, Shriram General Insurance Company Limited, shall make electronic payment to my account by issuing the Payment instruction electronically through its banker to the Clearing Authority and the Clearing Authority would ensure credit to my /our specified bank account provided herein above.
- I/We further under take to inform Shriram General Insurance Company Limited with an advance notice of 6 weeks, to withdraw from this mode of electronic payment.
- I/We further confirm that Shriram General Insurance Company Limited will have, at its sole discretion, the right o return back to the option paying to me/ us by way of cheque if there are more than 2 consecutive failure sin remittances form fault on the side of Shriram General Insurance Company Limited.
- After Shriram General Insurance Company Limited issuing the Payment instruction electronically through its banker, for whatever reasons, if I/we do not get the credit to my/ our account, then same shall neither constitute the default in (i) Payment of amount requested by me, or (ii) Payment of amount due to me/us, or (iii) Payment of agreed rent/ license fees/ compensation/ refundable security deposit/ commission/ claim/ Refund/ Any other payment by Shriram General Insurance Company Limited nor constituted fault of any terms and conditions of any agreement/ MOU/ Claim/ Refund/ Other contract and or Lease agreement/ Leave and license agreement with me /us.

