

general insurance

AGRICULTURAL PUMPSET CLAIM FORM

ISSUANCE OF THIS FORM IS NOT TO BE TAI	KEN AS ADMISSION OF LIABILITY	
Please fill this form in Block Letters and Tic	:k the Boxes 🗹 where appropriate a	and do not leave any column unanswered.
Policy Number:		
	A. DETAILS OF INSURED	
Name:		
Address:		
Telephone No.:	Mobile No.:	
E-mail Address:		
	B. LOSS DETAILS	
Date & Time of loss:	Theft Breakdown	
Serial Number of pump set		
Makers name & year of make		
	C. ADDITIONAL DETAILS	
In case of Theft: FIR No / Station Diary No In case of Breakdown : a. Has the manufacturers warranty peri		
if yes,when?		
c. Approx Loss Amount		
d. Name & Address of Repairer of pump	⊢set	
Do you wish to provide any other information if yes, details (if required you may please atta		Yes No
I/We agree to provide additional information	n to the Company, if required. I/We th	ne above named, do hereby, to the best of

I/We agree to provide additional information to the Company, if required. I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future claims shall be for feited.

Date: _	
Place: _	