

Claim No.: _____

AGRICULTURAL PUMPSET INSURANCE POLICY - RETAIL - CLAIM FORM

Policy Number:	Date of Registration		DD / MM / YYYY
Area Office/Service Centre Code			
Broker/Agent Name	Code		

DETAILS OF INSURED (To be filled in BLOCK LETTERS)

1. Insured's Name	☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T		
2. Address			
Flat/Building/Door/Block No.	Road/Street/Sector		
Nearest Landmark	Area/Village		
City	Pin Code		
State	Country		
Phone	Mobile		
Email	PAN No.		
3. Profession/Occupation	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
4. Monthly Income:	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		
5. UID Aadhar No.			

DETAILS OF THE CATTLE INSURED

6. a. Full description of the Pumpset / loss damaged			
b. Item Number in the policy schedule			
c. Value of the lost / damage Pumpset			
7. Date & Time of loss	Date: DD / MM / YYYY	Time HH / MM AM/PM	
8. Name of the person(s) if any who witness the occurrence	F I R S T M I D D L E L A S T		
9. Details of loss/damage sustained			
10. Cause of loss / breakdown			

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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Agricultural Pumpset Insurance Policy - Retail. UIN No.: IRDAN103RP0001V01200203. IGI/MCOM/CO/MI-29-R/CF/VER.1.0/140426.


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11. State whether item loss/damage was under any guarantee from supplier/Manufacture/repairer. If so, state the nature of guarantee and guarantee period.

12. Did the pumpset in question suffer any earlier damage due to accident? If so, give particular with details of repairs executed?

13. In which section and for what purpose was the pumpset being used at the time of breakdown?

14. Have the repairers commenced repairs? If so, Give the name and address of the repairers.

a. Name of repairers

b. Address of repairers

15. State nature of repairs and particular of replacement of parts required.

16. Estimate of the cost of repairs / replacement

17. State salvage value on the lost / damaged items

18. Where can the lost / damaged items be inspected

19. Are there any other insurance effected by you or any other person covering the loss sustained or any part thereof?

20. Please give any other particular relevant to the loss/damage.

POLICYHOLDER BANK DETAILS

21. Name of the Bank Account Holder

☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T

22. Bank Account No.:

23. Account:

☐ Saving ☐ Current

24. Name of the Bank

25. Branch

26. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

27. IFSC Code (11 character code appearing on your cheque leaf)



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☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

Note: Please attach original cancelled cheque and a copy of PAN card for verification of the particulars provided in this regard.

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)?

☐ Yes ☐ No

If yes, please mention the position held

Is any of your close relation or family member a PEP?

☐ Yes ☐ No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

Signature of Proposer

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.



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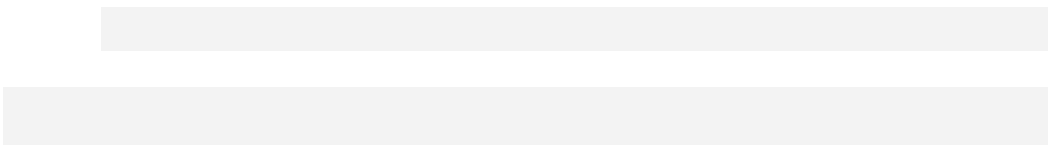
DECLARATION BY INSURED

I/We hereby declare that the statements made by me/us in this claim form are true to the best of my / our knowledge and belief.

Date: _____

Place: _____

Signature of the Borrower



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