



ITGI/FBY/06

IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019

Claim Form
Fasal Bima Yojna
IRDAN106P0001V01201011

Policy No.	
Certificate No.	
Name of Insured Person	
Address of Insured	
Phone No.	
Sum Insured	
Area under cultivation	
Crop under cultivation	
Landholding – whether owned or leased	<input type="checkbox"/> Own <input type="checkbox"/> Lease
If leased land, then name of owner	
Land record - Certified copies of documents attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you taken insurance of similar nature for the same land from some other Company?	
If Yes to above, then please provide details.	
Bank account No. & Name of the Bank	

I/ We declare that all information provided in this document is true and correct and I/We am/are aware that any incorrect/false information will render the claim not payable. I/We agree to provide documentation on request that may be required to verify the above given information.

Place:

Signature of Claimant /Financial Institution

Date:

Name of Claimant

IRDAN106P0001V01201011