

## IFFCO-TOKIO General Insurance Co. Ltd.

Regd. Office: IFFCO Sadan, C-1, Distt. Center, Saket, New Delhi-110017

Pradhan Mantri Fasal Bima Yojana (PMFBY)

ITGI / PMFBY /2016

## CLAIM FORM (FOR AREA APPROACH CLAIMS) IRDAN106P0001V01201617

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			Own		Lease
If leased land, then name of owner					
Land record - Certified copies of documents					
attached			Yes	Ш	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:	- Signatu	 ıre	of Claim	 ant /Fin	 nancial Institution
Date:	-	Name of Claimant			
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