

**IFFCO-TOKIO GENERAL INSURANCE COMPANY LTD.,**



**CORPORATE OFFICE: IFFCO Tower, Plot No. 3, Sector-29, Gurgaon- 122001  
SANKAT HARAN BIMA YOJNA  
CLAIM FORM**

1. Name of the Insured person: - \_\_\_\_\_
2. Father's name : \_\_\_\_\_
3. Address : \_\_\_\_\_
4. Age : \_\_\_\_\_
5. Details of Cash Receipt / Debit memo vide which IFFCO/IPL Fertilizer was purchased:

Cash Receipt/Debit Memo Nos.	Dates of the Cash Memos	No. of Bags of IFFCO / IPL Fertilizer purchased	Type of Fertilizer i.e. Urea / DAP / NPK/Potash	Name of Distributors (Cooperative Society / Farmers Service Centre / IFFCO / IPL)
1.				
2.				
3.				

**6. In case of Death / Disablement claim:**

- a) Date of accident : \_\_\_\_\_ (b) Date of Death : \_\_\_\_\_
- c) Nature of disablement: \_\_\_\_\_
- d) Brief description of accident: \_\_\_\_\_

Name & address of Nominee(s)	Age	Relationship with the deceased person
1.		
2.		

d) Following documents are attached:

<b>In Case of Death</b>	<b>In case of Disablement claim</b>
I) Death certificate by a competent authority II) Post-mortem Report III) Original Cash Receipts or Debit Memos vide which IFFCO / IPL Fertilizer was purchased	I) Nature of disablement as certified by a Doctor of Government Hospital. II) Following documents are attached <ol style="list-style-type: none"> <li>i. Medical Report of the Government Hospital Certifying the nature of Disablement.</li> <li>ii. Full photograph showing the disability clearly, attested by the Government Doctor mentioning the name, father's name and address of the farmer.</li> <li>iii. Original Cash Receipt(s) or Debit Memo(s) vide which IFFCO / IPL Fertilizer was purchased.</li> </ol>

I / we hereby confirm and declare that the answers to all the above questions are full and true in every respect.

Name/Signature or thumb impression of witness:

Name & Signature or thumb impression of claimants

1.

Verified by Gram Pradhan or President of Panchayat:

2.

Registered Office: IFFCO Sadan, C-1, District Centre, Saket, New Delhi-110017