



RAINFALL INDEX INSURANCE CLAIM FORM

(The issue of this form is not to be taken as an Admission of Liability)

The completion and return of this form to HDFC-ERGO should not be delayed. If any of the particulars required cannot be immediately given, they may be forwarded to HDFC-ERGO afterwards as soon as possible.

1	DETAILS OF INSURED	
2	Name	
3	Policy No.	
4	Address of the Insured	
5	Details of Claim	Shortfall in rainfall as per the terms of the policy. Details of payment as per annexure 1

I/We hereby agree, affirm and declare that:

- (a) The statements/information given/stated by me in this claim form are true, correct and complete in all respects and without reservation of any kind.
- (b) The details of all persons having an interest in the subject matter of insurance in respect of which the claim is being made are provided as per the proposal form or by way of any endorsement in the Policy. No person other than myself/ourselves and the persons mentioned in the proposal for or the endorsements in the Policy has/have any interest in the subject matter of insurance as owner, mortgage trustee or otherwise. Furthermore, save and except as provided for or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- (c) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld, concealed or not disclosed.
- (d) If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and I/we shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.



- (e) The receipt of this incident reporting form/other supporting/related documents does not constitute and cannot be deemed to constitute an agreement by HDFC-ERGO of the claim and HDFC-ERGO reserves the right to process or reject or require further/additional information in respect of the claim.
- (f) I/we confirm that the Farmer(s) possess(es) all the legal rights of ownership of agricultural land and the crop specified in the Annexure 1 to the Policy.

Place:

Date:

Signature of Insured/Claimant:

Annexure 1

Confirmation certificate no.	Sum Insured (in Rs.)	Claims payable (in Rs)