

We're easy to contact

Call us on
0800 84275
042 111 000 014

Write to us at
UIG House,
2nd Floor, 6-D,
Upper Mall, Lahore,
Pakistan.

Email us
uicp@theunitedinsurance.com

Visit our website
www.theunitedinsurance.com

CROP INSURANCE – INTIMATION – CUM – CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
ANSWER ALL QUESTIONS CAREFULLY

Policy Details			
1. Claim No. (Assigned by the Insurance company)			
2. Policy No.		3. Policy Date	
4. Period Start		5. Expiry Date	
6. CNIC No.		7. DOB / Age of Insured	

Particulars of the Insured			
1. Name of the Insured Farmer			
2. Name of the father/spouse of Insured			
3. Address for communication			
4. Tel/Mobile No		5. E mail ID	

Particulars of Crop Insurance					
Scheme		Crop season		Crop year	
1. If insured through a bank branch: 1. Loanee <input type="checkbox"/> 2. Non-Loanee <input type="checkbox"/> (Tick as appropriate)					
(a) Account No		(b) Name Of Bank & Branch			
(c) Amount of Premium		(d) Date of Premium deduction / Receipt			
2. If Insured through other Channels/ Intermediary (Broker/Direct)					
(a) Name of Intermediary		(b) Farmer ID/Proposal No./Cover Note No.			
3. Date of Cultivation of Crop		4. Total Cultivated area in Acres			
5. Time /Date and cause of Loss		6. Weather Condition at Time of Application			
7. Approx. No. of Acres Effected		8. Type of Crop(s) Effected			
9. Time elapsed (from Cultivation of Loss date) days or moths					

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Please mention the date of occurrence against the cause of loss	
Cause of loss	Date of occurrence
Cyclone (Post Harvest)	
Cyclonic rains (Post Harvest)	
Unseasonal rains (Post Harvest)	
Landslide (Localized)	
Hailstorm (Localized)	
Inundation (Localized)	

Address of the farm where losses occurred			
District	Taluka	Revenue Circle/Cluster	Village

Details of the Insured Crop where losses occurred						
	Survey no.	Crop	Area Sown (in ha.)	Area Insured (in ha.)	Approximate Area affected (in ha.)	Approximate loss percentage
1						
2						
3						

Details of other insurances	
Are there any other insurances against the same crop mentioned above	Yes/No.
Name of the insurance company	
Policy No.	
Sum Insured (Rs.)	
Area Insured (ha)	

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Remarks:

I above named farmer being insured under scheme do hereby declare and set forth that at or about.....O'clock a.m./p.m. on the.....20.....(above ticked incidence) was occurred in the above mentioned farm due to which insuredcrop has been damaged. I, further assure you that I will not remove any part of crop from the affected farm or in any way change appearance of crop in the affected farm till survey work is completed. Please arrange to survey my farms. I am herewith enclosing the proof of ownership of land record/tenancy/sharecropper agreement and copy of Cover note/premium receipt as applicable with this claim form.

Date:

Signature/Thumb Impression of farmer

Witness:

Name of Signature of Witness _____

For Bank/ Intermediary:

This is to certify that above mentioned particulars of crop insurance is correct as per our records and premium thereof has already been sent to The United Insurance Company of Pakistan Ltd as per the relevant Notification.

Date:

Signature of Authorised signatory
 of issuing Bank/Intermediary With Seal,
 (Name and Designation)

Note: Please send this form duly filled up to us on above FAX number/e-mail or submit to the surveyor.

DOCUMENTS REQUIRED:

- | | |
|--|---|
| 1. Any proof of calamity affected area | 6. Survey Report |
| 2. Copy of CNIC | 7. Patwari Kharaba Report |
| 3. Receipt of Bank Loan and account statement | 8. Aks Shijra |
| 4. Any proof of loan utilization till loss | 9. Insured Application should be attested from
Number Dar Seal |
| 5. Purchase receipts of seeds, fertilizers and pesticides etc. | |