

**Farmer's Package Policy (Retail)**

**AGRICULTURAL PUMPSET- CLAIM FORM**

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

Policy No.

Claim No.

Period Of Insurance.

Insured

Address

- |  |  |
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| <p>Horse Power of Agriculture Pumpset</p> <p>1 ( a ) Damaged</p> <p>( b ) Item Number in the Policy Schedule</p> <p>( c ) Its separate value.</p> <p>2 Date and time of breakdown</p> <p>3 Name of person /s if any, who witnessed the occurrence.</p> <p>4 Details of damage sustained</p> <p>5 Cause of breakdown</p> <p>6 State whether the item damaged was under any guarantee from Supplier / Repairer. If so, state the nature of Guarantee and the Guarantee period.</p> <p>7 Did the affected Machine(s) sustain any damage in any previous accident? If so, give particulars of event(s) with details of repairs executed.</p> <p>8 In which section and for what purpose was the machinery being used at the time of breakdown</p> <p>9 Have the repairs been put in hand? If so, give name and address of repairers.</p> <p>10 (a) State nature of repairs and particulars of replacement of any parts required.<br/>Estimate of the cost of repairs/<br/>(b) replacement.<br/>( any major repairs to be executed only with prior consent and approval of the company</p> <p>11 State the salvage value on the damaged Item.</p> <p>12 Where can be the damaged items be inspected</p> |  |
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- 13 Are there any other insurance effected by you or any other person covering the loss sustained or any part there of?
- 14 Please give any other particulars relevant to the damage

I / We declare that the foregoing particulars, are true and correct to the best of my / our knowledge.

Place:

\_\_\_\_\_  
Signature

Date:

(This form is to be signed only by an authorized representative of the insured.)