



Karachi Lahore Islamabad Faisalabad Multan Sialkot Gujranwala Peshawar

IGI GENERAL INSURANCE LIMITED

CROP CLAIM FORM

Insured's Name: _____

Address: _____

Phone No: _____ Fax No: _____ Cell No: _____

Policy No: _____ Claim No: _____

Period Start Date: _____ Expiry Date: _____

CNIC No: _____ D.O.B/Age of Insured: _____

1) Date of Cultivation of Crop: _____ 2) Total cultivated are in Acres: _____

3) Time/Date and cause of Loss: _____

4) Weather Condition at Time of Application: _____

5) Approx. No. of Acres Effected: _____

6) Type of Crop(s) Effected: _____

7) Time elapsed (from Cultivation to Loss date): _____ days or months

Remarks: _____

Signature of Insured: _____ Name of the Surveyor: _____

Name & Signature of Witness: _____

Name, Signature & Stamp of Bank Manager: _____

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