

CLAIM FORM FOR PRADHAN MANTRI FASAL BIMA YOJANA (PMFBY)

(Claim Intimation form for Localized Risks/ Post-Harvest Losses)

Tagging ID (For Lombard's Internal Usage)	
Details of Insured Farmer	
Name of the Insured Farmer	
Name of the father/Spouse of Insured	
Mobile No	
Mailing Address	
Village	
Post Office	
Tehsil	
District	
State	
Pin Code	
Address of Land	
Village Post Office	
Tehsil	
District	
State	
Pin Code	
Email Id (If available)	
Cast (SC/ST/ GEN/OTHER)	
Gender	
Details of Crop Insured and Land	
Scheme	PMFBY
Crop Season/Year	
Crop Name	
Sowing date	
Stage of Crop	
Proposed date of Harvesting Harvesting Date (IF already harvested)	
Crop Acreage (Insured area in Ha)	
Total Land (Ha)	
Total Land Insured (Ha)	
If the Insured is Loanee/Non-Loanee	
Survey No/Khasara No/Udyan Card No	
Name of Notified area	
Sum Insured (Rs)	
Premium paid by Farmers (Rs)	
Date of Premium deducted in case of Loanee farmer/Date of Issuance of Cover note in case non	

loanee farmer

Policy No.

E-mail : customersupport@icicilombard.com
Website : www.icicilombard.com



Are you or any of the proposed applicants a PEP* or Family member / Close relatives / Associates of PEP*?
Yes No No
If yes, please give details (Nature of relationship and position held by PEP):
"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States / Government, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations and important political party officials;".
Declaration

Declaration

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC

UIN : IRDAN115RP0001V01201617 [PMFBY]
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