

"Your partner for growth and security"

PSL CROP INSURANCE CLAIM INTIMATION CUM CLAIM FORM

(The issue of this form is not to be taken as an admission of liability. Please answer all the questions carefully)

Particulars of the Insured

| Address for Com | munication | | | |
|---|-----------------------|------------------|---------------------------|------------------------|
| Mobile Number | | | | |
| Particulars of Cr | op Insurance | | | |
| Scheme | PSL Crop Insurance | Crop S | eason | Crop Year |
| If insured through | h a bank branch: 1.l | Loanee | 2. Non-Loanee | (Tick as appropriate) |
| a) Account No. | | b) Nan Branch | ne of the bank and | |
| c) Amount of Premium | | | of premium ion/receipt | |
| Please mention th Cause of Loss | e date of occurrenc | e against the | Date of Occurr | rence |
| | | | | |
| Rainfall | | | | |
| Rainfall Storm/tempest | | | | |
| | | | | |
| Storm/tempest | | | | |
| Storm/tempest Flood | | | | |
| Storm/tempest Flood Inundation Drought Hailstone | | | | |
| Storm/tempest Flood Inundation Drought | | | | |
| Storm/tempest Flood Inundation Drought Hailstone Pest and diseases Forest fire | | | | |
| Storm/tempest Flood Inundation Drought Hailstone Pest and diseases Forest fire Wild animals | | | | |
| Storm/tempest Flood Inundation Drought Hailstone Pest and diseases Forest fire | | | | |



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| Address of the farm where losses occurred | | | |
|---|---------|-------|-----------|
| Thram No. | Village | Gewog | Dzongkhag |
| | | | |

| Date of Harvest (for Post-Harvest Loss) | |
|---|--|
| | |

Details of the insured crop where losses occurred

| Crop | Area Sown (in acres) | Area Insured (in acres) | Stage of the crop when damaged. | Approximate area affected (in acres) | Approximate loss percentage (in acres) |
|------|----------------------|----------------------------|---------------------------------|--------------------------------------|--|
| | | | | | |

The claim shall be assessed based on the growth stages of the crops as provided below:

| Sl. No. | Crop | Crop stage | Claim in % |
|---------|--------------------------|---|------------|
| 1 | Paddy - Transplanted | Nursery-sowing to before transplanting | 50 |
| | | Rest of the stages after transplanting | 100 |
| 2 | Paddy direct seeded | Sowing to germination (2-3 leaf stage) | 50 |
| | | Rest of the stage | 100 |
| 3 | Vegetables-transplanted | Nursery-sowing to before germination | 50 |
| | | Rest of the stage | 100 |
| 4 | Vegetables-Directly sown | Sowing to germination (2-3 leaf stage) | 50 |
| | | Rest of the stage | 100 |
| 5 | Fruits | Planting to fruit bearing stage (0-4 years) | 50 |
| | | First harvest to rest of the stage (> 4 years) | 100 |
| 6 | Mushroom-wood log | Covered from inoculation till harvest | 100 |
| | | Franchise limit 30% for pest and diseases and for the rest 5% shall apply | |
| 7 | Mushroom-saw dust | To assess as per the number of logs damaged | 100 |



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| 8 | Mushroom-straw | To assess as per the number of logs damaged | 100 |
|----|--|--|-----|
| 9 | Mushroom-spawn production (grain) | To assessed as per the number of bottles damaged | 100 |
| 10 | Mushroom-spawn production (saw dust) | To assess as per the number of bottles damaged | 100 |
| 11 | Nursery (fruit and nuts, MAPS, vegetables, floriculture& vegetable seed production) | Seeding to seedling stage | 100 |
| 12 | All other crops | Seedling till germination (2-3 leaf stage) | 50 |
| | | Rest of the stage | 100 |

Details of the Claim Assessment

| 1. Cost of Crop Nu. | |
|---------------------------------|--|
| 2. Less salvage, if any | |
| 3. Net Claim recommended in Nu. | |
| | |

| knowledge. We recor | erified the above details and found them to be true and correct to the best of ound them for Nu |
|----------------------------|---|
| | (OR) |
| The claim is to be decline | d (reason to be given) |
| | |
| The claim assessed by: | |
| | |
| RICB Official | Geog Agriculture Officer/Dzongkhag Agriculture Officer |
| Seal and sign | Seal and sign |



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| Gup/Mangap/Gewog Tshogpa/ Seal and sign | Geog Administrative Officer |
|--|--|
| Owner's Name and Signature | |
| Date | Place |
| Note: This Claim Form on complet | tion of the assessment to be handed over to the RICB Official for onward |

submission to the Head Office of the RICB for processing the claim.