



CROP TAKAFUL CLAIM FORM

This issue of this form does not imply an admission of liability.

Participant's Name: _____

Address: _____

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

Policy (PMD) 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 Participant's: _____ Name & Signature of Surveyor: _____

Name & Signature of Witness: _____

Name, Signature & Stamp of Bank Manager: _____

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