

# **FARMER'S PACKAGE POLICY (RETAIL)**

## **Claim Form - Tractor Including Trailer And Implements Insurance**

**FARMER'S PACKAGE POLICY (RETAIL)**

**CLAIM FORM - TRACTOR INCLUDING TRAILER AND IMPLEMENTS INSURANCE**

Claim No. :

Policy No:

Name of the insured in full:

Address:

Occupation:

**Vehicle Details:**

1. Make / Model:

2. Cubic Capacity

3. Year of Manufacture

4. Registration No.

5. Engine No.

6. Chassis No.

7. Purpose for which it was used at the time of accident

8. Was it being used with knowledge and consent?

9. Was the vehicle in proper condition?

10. Was the trailer attached?

11. Registered laden weight?

12. Unladen weight?

13. Weight of goods carried?

14. Nature of permit?

15. Nature of goods carried?

16. Was the vehicle plying for hire?

17. Number of passengers carried?

18. Number of passengers permitted?

**Driver Details:**

Name:

Age: Occupation: Tel (H) (M)

Address:

Class of Drivers Licence: Licence Number:

Date of Issue of Licence: Date of expiry of Licence:

Issuing Authority: Type of vehicle authorized to drive:

Details of suspensions/ endorsements:

Is the driver an employee/friend/relative to owner of the Tractor?

**Loss Details:**

Date of Loss Time: Place & Speed:

Weather/Road Conditions: Was the vehicle on main road?

Rough plan of how accident occurred:

Has the accident reported to police?

People riding on the vehicle at the time of accident?

Amount of own damage loss?

Was the vehicle towed from scene? Costs involved? By whom?

What is the estimate loss due to accident?

**Third Party Loss:**





**MAGMA**

General Insurance Limited

A theft was committed at the above described premises in the manner stated and the articles enumerated in the within list and valued at sum of Rs. \_\_\_\_\_ were stolen therefrom and I/We further declare that no other person has any interest in the said property, as Owner, Mortgage, Trustee or otherwise, and that is not otherwise insured against Burglary, with this or any other office except as above stated.

Witness:

Occupation:

Address:

Signature of the Insured