

**THE ORIENTAL INSURANCE COMPANY LIMITED**  
Regd. Office: Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002  
CIN No.U66010DL1947GOI007158

**AQUACULTURE (SHRIMP/PRAWN) INSURANCE**

**CLAIM FORM – Part II**

(To be filled in by the Insured)

Policy No.

Claim No.

1.	Name and Address of the Insured	
2.	Location of the Project / Farm	
3.	Name and Address of the Financing Bank	
4..	Name and Address of the Owner of the Farm	

4. DETAILS OF CLAIM

	Pond-wise Water Spread Area (in Hectare)	Survey No.	No. & Species of prawns / shrimps stocked tank wise	Average Body-weight at the time of loss	Actual Survival Number	Value prior to loss (Input cost)(to be supported with bills/receipts)
1.						
2.						
3.						
4.						

5.	Cause of loss with full details	
6.	Is there any outbreak of epidemic in the vicinity	
7.	Date of Occurrence of accident or disease, when seen first	
8.	What are the steps taken to prevent loss after the accident/disease/epidemic was observed?	
9.	a. Whether the accident or disease caused total loss of prawns / shrimps or only partial loss? If partial what is the extent of loss?  b. If total, date by which the loss is total.	
10.	When was the notice sent to the certifying officer?	
11.	Source and date of purchase of post larvae and price paid	
12.	Whether the post larvae were free from disease/defect at the time of purchase and who ensured this?	
13.	If the loss has been due to pollution, poisoning, malicious act, negligence, error or omission – give details	
14.	Amount of claim (Input cost) to be supported by bills	
15.	Whether the salvage is realised and disposed off, if so, state the amount realised from sale of salvage	
16.	Are prawns / shrimps insured elsewhere? Are you receiving	

	compensation from any other source? If so, from where and what amount	
17.	Total volume of bunds in cubic metres before loss	
18.	Volume of earth washed away? Give working separately (Tank-wise & bunds wise)	
19.	Measurements of breaches, if any	
20.	Total claim amount:	a b.
21.	Date of the claim intimation to Insurance Co.	

I/We the above names, hereby to the best of my/our knowledge and belief warrant the truth of the foregoing statements in every respect and affirm that proper care and precautions were taken to raise the prawn and no material fact has been withheld, mis-stated and/or misrepresented. I/we agree that if I/we in any further declaration the Company may require, suppress or conceal or misrepresent any material fact the policy shall be void and all rights to recover thereunder in respect of past or future accidents/diseases shall be forfeited.

Date

Signature of the Insured

Place

Name & Signature of Witness:

**CLAIM FORM – Part-I**

Policy No.

Claim No.

(Confidential)

(To be filled in and signed by the concerned Authority of the State Fisheries Deptt. MPEDA (Technical Officer of Corporate Client in case of Satellite Farming) or any Marine Biologist or a graduate qualified in fishery science, Meteorological Report)

1. Name of the Insured :
2. Location of the Farm :
3. Date of Stocking (Breed wise) :
4. Stocking Density :
5. Age at the time of death/loss :
6. Species of the prawn / shrimp :
7. Average weight at the time of death :
8. Value at the time of death :  
(in terms of incurred expenses)
9. Cause of Loss :  
(Please enclose a detailed Note)
10. Whether the loss is Total or Partial? If :  
Partial specify in terms of approximate percentage
11. Methods adopted for assessment of Loss :
  - a) Drag netting :
  - b) Draining of Pond :
  - c) Any other method :
12. Percentage of Salvage and value expected :