

PHILIPPINE CROP INSURANCE CORPORATION
Regional Office No. ____

NOTICE OF LOSS
(Fisheries Insurance)

Date

TO : THE REGIONAL MANAGER

Dear Sir/Madam:

This is to file a NOTICE OF LOSS with respect to the (Type of Policy i.e. Milkfish Insurance, Fish Cage Insurance) with Insurance Policy No. _____ issued by PCIC, with the following particulars:

1. Name of Assured Fisherfolk/Fish Grower

2. Address of Assured

3. Location of Fisheries Farm/Property

4. Nature/cause of loss

5. Date/time of loss

6. Total Area Affected

7. Lot Number/s

8. Expected date of harvest (if applicable)

9. Extent of Damage

10. Insurance Policy Number

11. Underwriter

12. Contact number
- _____

Very truly yours,

Signature Over Printed Name
of the Assured/Claimant