

PHILIPPINE CROP INSURANCE CORPORATION
Regional Office No. ____

CLAIM FOR INDEMNITY

NAME OF FISHERFOLK/GROWER: _____ UNDERWRITER: _____
ADDRESS: _____ ASSIGNEE: _____
TYPE OF FISHERIES FARM: _____ SPECIES: _____
FARM LOCATION: _____ POLICY No.: _____
NUMBER OF UNITS: _____ LOT/S No/s.: _____ PERIOD OF COVER: From: _____
TOTAL AREA INSURED: _____ AMOUNT OF COVER: _____ To: _____
DATE OF ACTUAL STOCKING: _____ STOCKING DENSITY: _____
STOCK SURVIVAL RATE: _____

CAUSE OF LOSS: _____ DATE OF OCCURRENCE: _____

PARTICULARS OF FISHERIES FARM/S DAMAGED:

LOT NUMBER	AREA	DATE OF STOCKING	STOCKING DENSITY	SURVIVAL RATE	ESTIMATED DATE OF HARVEST	ESTIMATED STOCK YIELD

BREAKDOWN OF COST OF PRODUCTION INPUTS
AT TIME OF LOSS

PARTICULARS	QUANTITY/BRAND	TOTAL COST
Stocks		
Fertilizers		
Feeds		
Chemicals (Specify)		
Labor		
Others (Specify)		
TOTAL		

PLEASE DRAW THE LOCATION AND SKETCH PLAN
OF THE INSURED/ DAMAGED FISHERIES FARM
LOTS BELOW

CERTIFICATION: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN ARE TRUE AND
CORRECT TO THE BEST OF MY KNOWLEDGE AND ANY MISREPRESENTATION TO
DEFRAUD PCIC MAY CAUSE DENIAL OF CLAIM. GIVEN THIS _____ DAY
OF _____, 200__.

Signature Over Printed Name of Witness_____
Signature/Thumbmark of Fisherfolk/Grower

PCIC Use Only: NL No.: _____
NCIA No.: _____
CI No.: _____
CAVR No.: _____
Date NL Filed: _____