

PHILIPPINE CROP INSURANCE CORPORATION
Regional Office No. ____

NOTICE OF LOSS
(High-Value Crop Insurance)

Date

TO : THE REGIONAL MANAGER

Dear Sir/Madam:

This is to file a NOTICE OF LOSS with respect to the (Type of Policy) Insurance Policy No. _____ for the coverage of (Crop Var) crops issued by PCIC, with the following particulars:

- | | |
|---|-------|
| 1. Farm Location | _____ |
| 2. Nature/cause of loss | _____ |
| 3. Date/time of loss | _____ |
| 4. Extent of loss/damage | _____ |
| 5. Expected date of harvest (if applicable) | _____ |
| 6. Contact number | _____ |

Very truly yours,

Signature Over Printed Name
of the Insured/Claimant