

PHILIPPINE CROP INSURANCE CORPORATION

Regional Office No. ____

**CLAIM FOR INDEMNITY
(High-Value Crop Insurance)**

DATE

TO : The Chief, CAD
PCIC RO

Please send your Team of Adjusters to assess damage of my insured crop
Hereunder are the basic information needed by your office:

I. BASIC INFORMATION

- 1 Name of Farmer-Assured : _____
- 2 Address : _____
- 3 Cell Phone Number : _____
- 4 Location of Farm : _____
- 5 Insured Crops : _____
- 6 Area Insured (in hectares) : _____
- 7 Variety Planted : _____
- 8 Actual Date of Planting : _____
- 9 Policy Number : _____
- 10 Underwriter/Cooperative : _____

II. DAMAGE INDICATORS

- 1 Cause of Loss : _____
- 2 Date of Loss Occurrence : _____
- 3 Age/Stage of Cultivation at time of loss : _____
- 4 Area Damaged : _____
- 5 Extent/Degree of Damage : _____
- 6 Expected Date of Harvest : _____
- 7 Cost of Production Inputs at time of loss : _____

III. LOCATION SKETCH PLAN OF DAMAGED INSURED CROPS (LSP)

- | | Lot 1. ____ha. | Lot 2. ____ha. | Lot 3. ____ha. | Lot 4. ____ha. |
|---------|----------------|----------------|----------------|----------------|
| 1 North | : _____ | _____ | _____ | _____ |
| 2 South | : _____ | _____ | _____ | _____ |
| 3 East | : _____ | _____ | _____ | _____ |
| 4 West | : _____ | _____ | _____ | _____ |

Thank You.

Very truly yours,

Signature over Printed Name of Assured Farmer-Claimant