



Republic of the Philippines
Department of Finance
PHILIPPINE CROP INSURANCE CORPORATION
Regional Office No. _____

CLAIMANT'S STATEMENT
(Total and Permanent Disability)

1. Full Name of Claimant-Borrower : _____
2. Address : _____
3. Occupation : _____
4. Date & Place of Birth : _____
5. Date & Place when disability was incurred: _____
6. Cause of Accident/disability : _____
7. Certificate of Cover No. : _____
8. Issuance & Expiry dates of COC : _____
9. Amount of Loan : Approved/Released ₱ _____
Legitimate Interest Charges (if included in coverage) _____
TOTAL AMOUNT ₱ _____
(Please attach duplicate or certified machine copy of the Promissory Note)
10. Balance of Principal Loan & legitimate interest (if covered)
at the Time of Death: ₱ _____
(Please attach certified machine copy of the Loan Ledger)
11. If this claim is under a renewed loan, please indicate the previous certificate number issued &
its' date of issuance : _____.

Name of Lending Institution

Signature of Authorized Official

WITNESSES:

Name & Position

REPUBLIC OF THE PHILIPPINES)

_____) S.S.
_____)

BEFORE ME, a Notary Public for and in the Province/City of _____
personally appeared _____ who exhibited to me his/her Community Tax Certificate
No. _____ issued at _____ on _____ known to me and to
me known to be the same person who executed the foregoing instrument and acknowledged the same as
his/her free voluntary act and deed.

WITNESS MY HAND AND SEAL.

Doc. No. _____
Page No. _____
Book No. _____
Series of 200 _____

NOTARY PUBLIC
Until December 31, 200 _____
PTR No. _____
Issued at _____
On _____