



Republic of the Philippines  
Department of Finance  
**PHILIPPINE CROP INSURANCE CORPORATION**  
Regional Office No. \_\_\_\_\_

**CLAIMANT'S STATEMENT**  
**(Death Claim)**

1. Full Name of Insured : \_\_\_\_\_
2. Residence at Dismemberment/Disability/Death : \_\_\_\_\_
3. Occupation at Dismemberment/Disability/Death: \_\_\_\_\_
4. Date & Place of Birth : \_\_\_\_\_
5. Date & Place of Dismemberment/Disability/Death: \_\_\_\_\_
6. Cause of Dismemberment/Disability/Death : \_\_\_\_\_
7. Certificate of Cover No. : \_\_\_\_\_
8. Issuance & Expiry dates of COC : \_\_\_\_\_
9. Total Sum Insured: \_\_\_\_\_  
For LRP<sup>2</sup> only
10. 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)
11. Balance of Principal Loan & legitimate interest (if covered)  
at the Time of Death: ₱ \_\_\_\_\_  
(Please attach certified machine copy of the Loan Ledger)
12. If this claim is under a renewed loan, please indicate the previous certificate number issued &  
its date of issuance : \_\_\_\_\_.

\_\_\_\_\_  
Name of Beneficiary

\_\_\_\_\_  
Signature of Authorized Official/Beneficiary

\_\_\_\_\_  
Name & Position/Relationship to Insured

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_