

PHILIPPINE CROP INSURANCE CORPORATION  
NON-CROP AGRICULTURAL ASSET INSURANCE PROGRAM

PCIC Regional Office No. \_\_\_\_\_

Address: \_\_\_\_\_

Tel No.: \_\_\_\_\_

NOTICE OF LOSS

\_\_\_\_\_  
Date

TO: The Regional Manager :

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

Dear Sir Madam :

This is to give NOTICE OF LOSS with respect to the \_\_\_\_\_ (type of policy) with insurance policy no. \_\_\_\_\_ for the coverage of \_\_\_\_\_ (type of property) issued by PCIC to (name of insured/ claimant ), with the following particulars:

- 1 Nature/ Cause of Loss
- 2 Date/Time of Occurrence of Loss
- 3 Location of Insured Property
- 4 Extent of Loss/Damage
- 5 Contact number

Very truly yours,

\_\_\_\_\_  
Signature Over Printed Name of the  
Assured/ Claimant