

PHILIPPINE CROP INSURANCE CORPORATION
NON-CROP AGRICULTURAL ASSET INSURANCE PROGRAM

PCIC Regional Office No. _____

Address: _____

Tel No.: _____

CLAIM FOR INDEMNITY

TO: The Chief, CAD
PCIC RO

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

NAME OF CLIENT:

ADDRESS:

CONTACT NO.:

LOCATION:

TYPE OF COVER: ☐ Fire ☐ Fishing Boat
☐ Property Floater ☐ Fishing Gear
☐ Commercial Car ☐ Fish Cage/Pen/Pond
☐ CAR/EAR

NUMBER OF UNITS:

PERIOD OF COVER:

AMOUNT OF COVER:

POLICY NO.:

UNDERWRITER:

ASSIGNEE:

CAUSE OF LOSS:

DATE OF OCCURRENCE:

CERTIFICATION: I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN ARE
TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ANY MISREPRESENTATION TO
DEFRAUD PCIC MAY CAUSE DENIAL OF CLAIM. GIVEN THIS _____ DAY OF
_____, 20__.

Signature Over Printed
Name of Witness

Signature of Assured/
Claimant

PCIC Use Only: NL No.: _____
NCIA No.: _____
CI No.: _____
CAVR No.: _____
Date NL Filed: _____