PHILIPPINE CROP INSURANCE CORPORATION NON-CROP AGRICULTURAL ASSET INSURANCE PROGRAM

PCIC Regional Office No. _____ Address: __ Tel No.: _____ LOSS REPORT Name of Assured: Address: Tel. No. Period Covered : From: Policy No.: All questions must be answered precisely by the insured who is responsible for the correctness and completeness of the answers. Dashes or other signs in the space provided for answers are regarded as indicating negation. Description of the property for which indemnification is required: Type of Property () Building () House () Equipments Please give specifications: Proof of ownership: (e.g., Real Property Tax Declaration No. Deed of Sale, etc,) How long did you posses the property ? Purchase Price or Building Cost: Amount of Insurance: Who is the owner of the property for which indemnification is being requested? 2 How did you acquire the property? Please give particulars: (e.g., date of purchase: name and address of previous owners: etc) To what purpose did you put the property? Has there been any change in title, use, occupation, location, possession or exposure of the property describe since the above policy was issued? If so, please state details. 4 When did the loss occur? What is the nature of loss? Please describe the extent of damage? 6 7 What items are remove befor the fire? Where were your when the loss occurred? 8 9 When and where did you learn about the loss? What actions did you make to prepare the property? Have you given statement to the policw regarding the loss/accident? 12 Please give the name and office of the Police Inspector Investigating the accident? 13 Please give the names and addresses of witnesses, if available to the occurrence of loss. 14 Is there any other contract of insurance ?

I hereby certify that I have answered the questions truthfully. I am aware that any untrue statements or statements which I know to be incomplete, results in the loss of insurance cover, even if the insurer suffers no disadvantage thereby.

If so, please state details.