

PHILIPPINE CROP INSURANCE CORPORATION
Regional Office No. _____

PRO-FORMA NOTICE OF LOSS
(HIGH VALUE COMMERCIAL CROP INSURANCE)

Address

Date

THE REGIONAL MANAGER

Dear Sir / Madam:

This is to give NOTICE OF LOSS with respect to the _____,
(Type of Policy)
Insurance Policy No. _____ issued by PCIC to
_____ with the following particulars:
(Name of Insured)

1. Farm Location _____
2. Nature / Cause of Loss _____
3. Date / Time of Loss _____
4. Extent of Loss / Damage _____
5. Type of Crop _____
6. Estimated Date of Harvest / Last Harvest _____

Very truly yours,

Signature Over Printed Name
of the Insured / Claimant