

CROP INSURANCE - CLAIM FORM

INSTRUCTIONS

Please read full prior to answering questions, all of which must be answered in full. Kindly obtain without expense to underwriters, all necessary reports to support this claim.

1. Name and address of the insured:

2. Policy Number:

3. Period of insurance:

4. Particulars of the crop:

Crop	Stage	Area (ha)	Sum Insured

5. Give the exact circumstances and cause of loss.

6. Peril(s) which caused the loss.

7. Date of each of the specific peril.

8. Date, period when loss occurred.

9. Date and time Heritage was first informed:

10. If salvage was obtained from the farm, please enter the amount and attach receipt.

11. Did you harvest the crop?

12. How much was the harvest e.g bags, kgs etc?

[Redacted]

13. What was the selling price per harvested product e.g kes/kg or Kes/bag etc?

[Redacted]

14. Give details of any other losses within the farm under your care.

[Redacted]

15. Apart from the insurance to which this claim report refers to was there any other insurance pertaining to this farm before? If yes provide details.

[Redacted]

16. Are you the sole owner of the farm? Yes No

If no give names(s) and addresses of the other owner(s).

[Redacted]

DECLARATION

I solemnly and sincerely hereby declare the foregoing particulars to be true, that I have withheld no important information; I agree that if any of the above answers (or part thereof) is untrue my claim for the compensation shall be forfeited and the said policy shall be null and void.

Name [Redacted]

Signature of Insured [Redacted]

Date [Redacted]

(The issue of this form does not imply an admission of liability)