



Cereal Crop Claim Form

IMPORTANT NOTICE |

- a** The supply or acceptance of this form is not an admission of Liability on the part of Kenya Orient Insurance Limited.

POLICY DETAILS OF CROP INSURANCE |

1 Name Of Insured |

2 Agent |

3 Contact Person |

4 Telephone No. |

5 Postal Address |

6 Policy No. |

7 **INCEPTION DATE** **EXPIRY DATE**

8 Policy Type (please indicate perils covered) |

.....

.....

.....

.....

.....

.....

.....

.....

.....

9 Farm Location |

.....

.....

DETAILS OF OTHER INTERESTED PARTIES |

1 Name |

2 Interest | %

LOSS DETAILS |

1 Cause of loss (Explain) indicate date (period) of loss/damage |

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

CROP DETAILS |

- 1** Type |
- 2** Field Area (Acres) |
- 3** Damaged Area (Acres) |
- 4** Estimated Damage (low, medium, high) |
- 5** Yield insured per acre (e.g 90 Kg bags) |
- 6** Actual yield harvested per acre (e.g 90 Kg bags) |

■ **Attach supporting documents e.g. weigh bridge tickets etc**

Additional information (include names and addresses of third parties responsible for any damage)

DECLARATION |

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the parent contract document.

NAME OF AUTHORIZED PERSON NOTIFYING CLAIM TO POLICY	SIGNATURE	DATE