



Agro Consortium CROP CLAIM FORM

Please read through 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.

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT THE FURNISHING OF THIS BLANK FORM TO THE ASSURED OR THE ASSISTANCE OF ANY ADJUSTERS OR ANY AGENT OF THE INSURER IN THE MAKING OF THIS PROOF IS NOT A WAIVER OF ANY RIGHTS OF THE SAID INSURER OR ANY OF THE CONDITIONS OF THIS POLICY

Personal Information we collect from or about you is for the purpose of insurance. Such information may be disclosed to and/or collected from others in the course of that insurance.

You can choose not to provide personal information, however we may therefore be unable to provide insurance cover or process claims.

Please contact us if you wish to obtain a copy of our privacy policy or should you wish to update or access the information we hold about you.

IF THERE IS INSUFFICIENT SPACE ON THIS FORM TO PROVIDE FULL DETAILS, ATTACH A SEPARATE SHEET.

Assured's Name: _____

Assured's Address: _____ TEL No: _____

Policy No: _____

Period of Insurance: From _____ to _____

1. Particulars of the crop:

Crop	Growth Stage	Area (acres)	Sum Insured

2. Give the exact circumstances and cause of loss _____

3. Peril(s) which caused the loss _____

4. Date of each of the specific peril: _____

5. Date, period when loss occurred: _____

6. Date and time insurer/Agro consortium was first informed: _____

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



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8. Did you harvest the crop? _____
9. How much was the harvest e.g. bags, kgs etc.? _____
10. What was the selling price per harvested product e.g. Ugx/kg or Ugx/bag etc.? _____
- _____
11. What is the total value of loss/claim amount _____
12. Give details of any other losses within the farm under your care _____
- _____
13. 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. _____
- _____
- _____

14. Are you the sole owner of the farm? Yes / No. If no give names(s) and addresses of the other owner(s).

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 of insured: _____

Signature: _____

Date: _____

Address: _____

Phone Number: _____

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