GEMINIA INSURANCE COMPANY LIMITED
Head office: Le'Mac, 5th Floor
P.O. Box 61316-00200, Nairobi
Tel: 2782000 Fax: 2782100
Email: info@geminia.co.ke
www.geminia.co.ke

CROP INSURANCE CLAIM FORM

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters, in the applicants own handwriting or to his dictation.

A. Insured Particulars

1) Policy holder Name: _____

2) Policy Number: _____ Phone Number: _____

3) Insurance Agent _____

B. Particulars of the crop

1) Location of the farm _____

2) Crop affected _____

Crop (Name and variety	Insured Acreage	Affected area	Date of Event notification

3) Planting date _____

4) Give an account of the circumstances that lead to the losses of the insured crop for which the claim is being lodged?

_____

_____

_____

*If space not enough you can add another form

C. Insured events

1) Which of the following events affected your insured crops?

Peril	Tick appropriately.		Date notification to the insurer
Drought	☐ Yes	☐ No	
Uncontrollable pest and diseases	☐ Yes	☐ No	
Hailstone damage	☐ Yes	☐ No	
Flooding of the crop field	☐ Yes	☐ No	
Fire and lightning	☐ Yes	☐ No	
Malicious damage	☐ Yes	☐ No	

2) Any other farm within your neighborhood that suffered that same crop losses (Yes/ No)

3) If yes, what the distance and direction from your farm

_____

_____

_____

D. Other information

1) Is there a loan attached to crop affected? (Yes/ No)

If yes, please give details_____

_____

_____

_____

2) Please give any other information relating to this claim that you want the insurer to know

_____

_____

_____

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_____ **Signature**_____ **Date**_____

Intermediary:_____