

**GEMINIA INSURANCE COMPANY LIMITED**

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# 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Uncontrollable pest and diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hailstone damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Flooding of the crop field	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fire and lightning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Malicious damage	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

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D. Other information

1) Is there a loan attached to crop affected? (Yes/ No)  
If yes, please give details

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

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**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:** \_\_\_\_\_