



**NIGERIAN AGRICULTURAL  
INSURANCE CORPORATION  
(NAIC)**



**AGRICULTURAL INSURANCE SCHEME**

**CROP CLAIM FORM**

**CROP CLAIM FORM**

(Losses must be reported within 72 hours of occurrence)

Name of Policy holder.....  
Address.....  
Telephone (if applicable).....  
Policy No.....  
Crop.....

All question must be answered precisely by the policy holder, or if the latter is absent by the person in charge of the farm. The policy holder is responsible for the correctness and completeness of the answers, even if another person provides the answers in his absence. Dashes or other signs in the space provided for answers are regarded as indicating negation.

1. Particulars of crops for which indemnification is being requested:
    - (a) Stage of maturity.....
    - (b) Total Hectares grown.....
    - (c) Total Hectares involved in loss.....
    - (d) Hectares for which indemnification is being requested (with full description).....  
.....
    - (e) Date of planting.....  
Date of germination.....  
Date of flowering.....  
Date of ripening.....
    - (f) Estimated yield per hectare in tonnes.....
    - (g) Estimated value per tonne.....
    - (h) Cost of in-put/production cost per hectare.....
    - (i) Cost of in-put/production cost of hectares involved in loss (Give details of breakdown)  
.....  
.....
    - (j) Sum insured.....
  
  2. (a) Which perils attacked the crops during the season:
    - (1) .....
    - (2) .....Others Specify.....
  - (b) When did it occur?.....
  - (c) What effect on the crop insured?.....
  - (d) What measures are taken to remedy the problem?.....  
.....
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3. (a) Who is the owner of the farm/crop for which indemnification is being requested.. ..  
.....
- (b) Has there been any change in ownership, use, occupation, location, possession or exposure of the property described since the above policy was issued?.....  
.....  
If so, please state details  
.....  
.....
- 
4. (a) Is ploughing, sowing, weeding undertaken by traditional methods or mechanised?  
.....  
Give details.....  
.....
- (b) Give details of weeding and other operations during the season.....  
.....  
.....

- (a) What is the main source of water supply for the farm during the season?  
.....
- (b) Is there any short/failure of supply?.....  
If so give details and any remedy adopted .....
- (c) What effect does the short/failure of water supply have on the growth of the crop?  
Give details.....

- 6 (a) Is there any outbreak of fire during the season?.....
- (b) If yes, what portion of the farm is affected?.....
- (c) Give details of damage/loss.....
- (d) State any fire fighting procedures used.....

- 7 (a) when did you give notification of the loss/claim?.....
- (b) How?.....
- (c) To whom?.....
- (d) When did the damage/loss occur (specify date and time).....

8. Is there any other contact of insurance? Yes/No.....  
If so, please state details.....

I/we, hereby certify that I/we have answered the questions truthfully. I/we am/are aware that giving false statements may result to the loss of insurance cover, even if the insurer suffers no disadvantage thereby.

I/We herewith claim indemnification.....  
.....20.....

Complete signature of Policy  
Holder signed in his own hand or  
Thumb Print.

**Notes:** The issue of this claim form is not an Admission of Liability on the part of the Corporation

**FOR OFFICIAL USE ONLY**

Report received at..... by (name & Signature).....  
.....on.....  
Completed claim form received by (Name & Signature).....  
.....on.....  
Claim approved by (Name & Rank) ..... Value (N).....