



SAFIRE

Crop Protection Co-operative Ltd.

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SUGAR CANE FIRE CLAIM FORM

CLAIM NO.: CERTIFICATE NO.:

Please note ALL questions must be answered.

1. Name of Member: Telephone no.:

2. Name of farm/plantation:

3. Date and time of outbreak:

4. (a) Did the fire start on the insured estate? Yes: No:

(b) IF NO, please state NAME and ADDRESS of the owner of the land where the fire originated:

5. Please state the cause of the fire and give your reasons therefore:

6. Were there adequate boundary firebreaks of at least 9 metres in width of which at least 5 metres are on your estate? Yes: No:

if NO ,please clarify:

7. (a) Did the fire at any stage cross any internal or boundary breaks? Yes: No:

If YES, did the firebreaks comply with the warranties ? i.e. Was the adequate width of:

3 metres for internal and 9 metres for boundary breaks adhered to? Yes: No:

(b) To your knowledge was there any breach in the Certificate conditions / warranties?

i.e. was the Member burning during the prohibited period etc? Yes: No:

If YES, please elaborate:

8. In your opinion was the fire due to negligence of any person? State NAME and ADDRESS if applicable. (In terms of your Certificate you are obliged to assist the Co-operative in any recovery action.)

SHOULD INFORMATION BECOME AVAILABLE AT A LATER STAGE SUGGESTING NEGLIGENCE OF A THIRD PARTY, IT IS VITALLY IMPORTANT TO REPORT SAME TO THE CO-OPERATIVE.

19. Current transport cost to the mill per ton:

20. Current cutting , shorthaul and loading cost onto hilo per ton:

21. Current R.V. :

22. Name of POLICE STATION to which fire was reported , if arson suspected, and relevant case number:

23. Has your premium been paid? Yes: No:

24. VAT Registration No.:

I / WE DECLARE THAT THESE PARTICULARS ARE TRUE AND COMPLETE:

SIGNATURE OF MEMBER:

DATE:

***NB: PLEASE COMPLETE ITEM NO. 24**