

> Farm Pack Claim Notification

Broker/Intermediary Details

Contact Name _____ Phone _____

Email _____

Insured Details

Policy Number _____ Insured Name _____

Insured Address _____

Phone Number _____ Mobile Number _____

Fax Number _____ Email _____

GST

Are you registered for GST? No Yes What is your ABN? _____

Have you claimed or intend to claim an input tax credit on the GST Component of the **premium applicable to the Policy**?

No Yes Specify amount claim % _____

Are you entitled to claim an input tax credit for repairs or replacement of the **item that has been lost or damaged**?

No Yes Specify amount claim % _____

Claim Payment Details

In your claim is accepted and a cash settlement is due, the funds can be settled via an EFT payment. Should you wish to have your claim paid by EFT please provide your banking details below. If no details are provided we will organise a cheque.

Bank _____ BSB _____

Account Name _____ Account Number _____

Loss Occurrence Details

Name of farm(s) damaged _____

Nearest town _____ Distance and Direction _____

If Occurrence not on-farm, description of the location (nearest town, distance and direction)

Has the loss occurred as a result of your contracting operations? Yes No

Loss Occurrence Details

Type of Occurrence Motor/Machinery Farm Property Liability Pumps Other

Date of Occurrence _____ Time of Occurrence _____ am/pm

Description of Occurrence - describe fully how the accident or loss occurred

Description of item lost/damaged

Item No	Description	Sum Insured as shown on schedule
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Repair Costs

Have you obtained any quotes for the repair costs? Yes No

If Yes, please provide the repairer's or builder's details (Name, address and phone number)

Motor Only

Registration Number _____

Vehicle Details Make / Model / Year _____

Business Vehicle Yes No ITC Percentage _____

Road conditions (sealed or unsealed) _____

Weather conditions at time of loss _____

Is there any pre-existing damage to the insured vehicle and if so please describe where this damage is located on the vehicle?

Please describe where the damages are that have been sustained on the insured vehicle

Driver Details

Driver's full name and date of birth _____

Licence and expiry date of driver – (if driving) _____

How many years has the driver held his/her licence? _____

Did the driver consume and drugs, alcohol or medication in the 12 hours prior to the accident? Yes No

If you answered Yes to the above question, please provide details below

Owner(s) and Driver History

In the last 5 years have you as owner or driver of this vehicle:

1. Had any insurance refused, declined or cancelled by an insurer or any special conditions imposed? Yes No
2. Been convicted or charged with:
 - (a) drug use, driving under the influence, or exceeding Prescribed Concentration of Alcohol? Yes No
 - (b) any driving offences or speeding? Yes No
 - (c) fraud, arson, theft or any other criminal act? Yes No
3. Had a drivers or motorcycle licence cancelled, suspended or endorsed? Yes No
4. Had a claim or accident (include any not reported or not claimed from an insurer)? Yes No
5. Had a car stolen or burnt out (include any not reported or not claimed from an insurer)? Yes No

If you answered Yes to any of the above questions please provide relevant details below

Once this form is completed please email to farmclaims@rurallaffinity.com.au

- I/We**
- Received a copy of the Farm Pack Product Disclosure Statement and agreed to accept the insurance subject to the terms and conditions and limitations of the Policy
 - Have read and understood the Duty of Disclosure information and other Important information in the Farm Pack Product Disclosure Statement and I/we realise that if I/we have not complied with the Duty of Disclosure, any claims may not be met
 - Have read and understood the Rural Affinity Privacy information found at www.rurallaffinity.com.au/privacy_statement and consent to the collection, storage, use and disclosure of personal information of all persons covered in this Claim Form. Where personal information has been provided on someone else's behalf, that person has consented to this provision.
 - Declare everything on this Claim Notification Form to be true and correct and I/we have not withheld any relevant information.

Your signature _____ Date _____
(Signed for and on behalf of all insureds)

Claim Lodgement

Farm pack claims should be lodged by email to farmclaims@rurallaffinity.com.au.

Claims can be initially lodged either as an email outlining the contact details and circumstances of the loss or using the attached claim notification form.

Alternatively, claims can be notified via facsimile on 02 9524 6566. If you wish to speak with us regarding lodgement of a claim, please contact us on 1300 660 337 and follow the prompts.