

## > Livestock Claim Notification Form

### Broker/Intermediary Details

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### Insured Details

Policy Number \_\_\_\_\_ Insured Name \_\_\_\_\_  
 Insured Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_  
 Fax Number \_\_\_\_\_ Email \_\_\_\_\_

### Claim Payment Details

*If 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 to be mailed to your broker's office.*

Bank \_\_\_\_\_ BSB \_\_\_\_\_  
 Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

### Livestock Details

#### Individual Animal Cover

Name of Animal \_\_\_\_\_  
 Tag/Tattoo Number \_\_\_\_\_ Age \_\_\_\_\_  
 Breed \_\_\_\_\_

#### Herd Cover

Number of deceased animals \_\_\_\_\_

#### Loss Details

Date of illness/injury \_\_\_\_\_  
 Description of Loss (Type of illness/injury) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Veterinary Details

Veterinarian Practice \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_

**Please attach Veterinarian Report and Salvage Sales receipts (if applicable) to this claims form.**

- I/We**
- Received a copy of the Livestock 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 Livestock 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.ruralaffinity.com.au/privacy\\_statement](http://www.ruralaffinity.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)