

> Plantation Timber Claim Notification Form

Broker/Intermediary Details

Contact Name _____ Phone _____
 Email _____

Insured Details

Policy Number _____ Insured Name _____
 Address _____
 Plantation Manager Contact Name _____ Phone Number _____
 Mobile Number _____ Fax Number _____
 Email Address _____

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 _____

Plantation Details

Name of Plantation(s) damaged _____
 Nearest town _____
 Distance and direction from nearest town (eg 15km West of Hamilton on Burt Rd) _____

Loss Details

Type of Loss Fire Wind Hail Impact Other

Date of Loss _____ Time of Loss _____ am/pm

Description of Loss _____

Block	Area of Damage (ha)	Estimate of Level of Damage (Please circle one)									
		Minor		Moderate						Severe	
		1	2	3	4	5	6	7	8	9	10
		1	2	3	4	5	6	7	8	9	10
		1	2	3	4	5	6	7	8	9	10
		1	2	3	4	5	6	7	8	9	10
		1	2	3	4	5	6	7	8	9	10
		1	2	3	4	5	6	7	8	9	10
		1	2	3	4	5	6	7	8	9	10
		1	2	3	4	5	6	7	8	9	10
		1	2	3	4	5	6	7	8	9	10
		1	2	3	4	5	6	7	8	9	10

Please attach a plantation map indicating the damaged blocks.

- I/We
- Received a copy of the Plantation Timber 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 Plantation Timber 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 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)