

Farm Pack Claim Notification

This initial notification form will provide us with preliminary details to allow the claim to be lodged. Further detail may be required and our claims consultant will contact you or your client to gather further details to complete claim lodgement and to ensure the claim is processed smoothly.

Privacy Statement

We and Rural Affinity are committed to the safe and careful use of Your personal information in the manner required by the Privacy Act 1988 (Cth), the Australian Privacy Principles and the terms of the Farm Pack PDS.

We and Rural Affinity collect Your personal information in order to assess Your application for insurance and, if Your application is accepted, to administer and manage Your insurance policy and respond to any claim that You make. To do this, Your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on Our and Rural Affinity's behalf, such as assessors and facilitators, some of whom may be located in overseas countries. Our and Rural Affinity's contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing Us and Rural Affinity with Your personal information, You consent to the disclosure of Your personal information to reinsurers, service providers and related entities in overseas countries to enable Us and Rural Affinity to assess Your application, to administer and manage Your insurance policy and to respond to any claim that You make. If You consent to the disclosure of Your personal information to overseas recipients, and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We and Rural Affinity may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We and/or Rural Affinity may not be able to assess Your application or administer and manage Your insurance policy and respond to any claim that You make.

Our and Rural Affinity's privacy policies explain how You may access personal information that each of us holds, how to seek correction of Your personal information, how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access the Great Lakes Australia Privacy Policy and Privacy Statement at www.munichre.com/io/gla/en/privacy_statement.aspx and Rural Affinity's Privacy Policy and Privacy Statement at ruralaffinity.com.au/privacy_statement.

Intermediary details

Contact Name Phone/Email

Insured details

Policy No Insured Name

Insured's contact name

Insured's address

Phone Fax

Email Mobile

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 the event 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.

Name of banking institution

Account name

BSB Account number

Location of loss occurrence

Name of farm(s) damaged

Nearest town Distance & Direction

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

Road conditions (sealed or unsealed (Motor only))

Weather conditions at time of loss (Motor only)

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 happened:

Description of item lost/damaged

Description of occurrence - describe fully how the accident happened:

Item No	Description of item /structure as shown on the schedule	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 & phone number)

Quote of repair costs (please provide quote if available):

Vehicle Details - (Motor Only)

Rego No :

Vehicle Details Make/ Model/ Year

Business vehicle Yes No ITC Percentage

Is the vehicle still drivable and where is the vehicle at the moment?

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 – (Motor Only)

Driver 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 – (Motor Only)

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.

Declaration

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 Privacy information 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 (Signed for and on behalf of all Insureds)

Date

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