

## > Broadacre Claim Notification Form

### What We Require of You to do

- Provide a map of Your property to Us or the Loss Adjuster. The property map must show all of the insured paddocks, and demonstrate which paddocks have been damaged.
- Either You or Your representative attend the in-paddock assessment with the Loss Adjuster. This will ensure that the Loss Adjuster visits all damaged paddocks and provides an opportunity for You to ask any questions.

### Insured Details

Policy Number: \_\_\_\_\_ Insured Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Insured's Phone (Landline): \_\_\_\_\_ Insured's Mobile: \_\_\_\_\_

### Should the insured not be able to attend, please fill in the details for the insured's representative below

Manager, Consultant or Agronomist's Name: \_\_\_\_\_

Phone (Landline): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Claim Payment Details

If Your claim is accepted, the funds can be settled via an EFT payment. Should Your 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 Details

- Hail                       Fire                       Transit                       Stored Hay  
 Livestock Intrusion     Chemical Overspray     Grain Stored in Silo     Stored Grain, other than in Silo

Farm(s) Damaged: \_\_\_\_\_

Nearest Town: \_\_\_\_\_

Distance and Direction (eg. 15km West of Moree): \_\_\_\_\_

### Details of Occurrence

Please provide a brief description below of how the loss occurred

\_\_\_\_\_

\_\_\_\_\_

Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_ am  pm

Paddock Name	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

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### Crop Growth Stage and any special instructions for the Loss Adjuster

(eg. fields not accessible, etc.)

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### Third Party Details

If a third party is responsible for the damage (for example, Chemical Overspray or Livestock Intrusion), please provide detail below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Important Information

Claims cannot be settled until all premium has been paid in full.

Details of the claims conditions can be found in Your Policy Wording. It is important that You read and understand these conditions.

Additional copies of the Policy Wording and other relevant information can be found at [www.ruralaffinity.com.au](http://www.ruralaffinity.com.au)

- I/We**
- Received a copy of the Broadacre Policy Wording 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 Broadacre Policy Wording 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-policy](http://www.ruralaffinity.com.au/privacy-policy) 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)*