

> Livestock Claim Notification Form

What We Require of You

Where an assessment is carried out, we require that You, or a representative appointed by You, accompany the Loss Adjuster. This will ensure that the Loss Adjuster visits all applicable areas and provides an opportunity for you to ask any questions.

Insured Details

Policy Number _____ Insured Name _____
 Insured Address _____
 Phone Number _____ Mobile Number _____
 Fax Number _____ Email _____

Livestock Details

Individual Animal Cover

Name of Animal _____
 Tag/Tattoo Number _____ Age _____
 Breed _____

Herd Cover

Number of deceased animals _____
 Description of deceased animals (eg. 18 month old Angus steers) _____

Loss Details

Date of illness/injury _____
 Location of animals (farm name, nearest town and address) _____

 Description of Loss (Type of illness/injury) _____

Has a veterinary officer conducted a post-mortem of the deceased animal(s)? Yes No

If No, please note that a post-mortem inspection conducted by a veterinary officer is required. Please use the Rural Affinity Livestock Veterinarian's Report.

Veterinary Details

Veterinarian Practice _____
 Contact Name _____
 Phone Number _____
 Email _____

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

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Third Party Details

If a third party is responsible for the damage, 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

- 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 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)