

> Plantation Timber Claim Notification Form

What We Require of You

We require that You provide a plantation map with this Claim notification form. The plantation map must show all of the insured plantations, and specify which plantations have been damaged.

At the time of the assessment, we require that You, or a representative appointed by You, accompany the Loss Adjuster. This will ensure that the Loss Adjuster visits all damaged plantations and provides an opportunity for you to ask any questions.

Insured Details

Policy Number _____ Insured Name _____

Address _____

Email Address _____

Plantation Manager (if other than Insured)

Contact Name _____ Phone Number _____

Mobile Number _____ Fax Number _____

Email Address _____

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

Please attach a plantation map indicating the damaged blocks.

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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 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)