

> Broadacre Claim Notification Form

What We Require of You

We require that You provide a map of Your property with this Claim notification form. The property map must show all of the insured paddocks, and demonstrate which paddocks 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 paddocks and provides an opportunity for you to ask any questions.

Insured Details

Policy Number: _____ Insured Name: _____

Property Address: _____

Email Address: _____

Insured's Phone: _____ Insured's Fax: _____

Insured's Mobile: _____ Insured's ABN: _____

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: _____ Mobile: _____

Email Address: _____

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

Field	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.)

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

- 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 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)