

HORSE & LIVESTOCK INSURANCE CLAIM FORM

The provision of this form by Coverforce is not an admission of liability or acceptance by Coverforce of your claim.

Insured/s name in full: _____	Date of Birth _____
Are you registered for GST: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, ABN No: _____ ITC Proportion _____	
Postal Address: _____	
Phone Number (Office Hours): _____ Mobile Number: _____	
Address where animal was kept: _____	
Email Address: _____ Policy Number: _____	

DESCRIPTION OF ANIMAL CLAIMED (if insufficient space attach schedule)

Name	Breed	Brand & Colour

Sex	Date of Birth	Sum Insured
		\$

GENERAL QUESTIONS - All must be fully answered (attach further details if insufficient space)

1. Date and time veterinary surgeon first attended? _____	_____ AM / PM
2. Name and address of veterinary surgeon? _____	
<i>Enclose a copy of the veterinary report, diagnosis & autopsy to this claim for the animal.</i>	
3. Type of Claim <input type="checkbox"/> Mortality/Theft <input type="checkbox"/> Loss of Use	
4. Give the date and time that the animal died or was destroyed: _____	
_____ AM / PM	
5. What was the current value of the animal at the time of occurrence and why? \$ _____	

6. Give the date and place that the animal sustained the injury: _____

7. Cause of illness or injury? _____

8. Who was in charge of the animal at the time of the illness or injury? _____

9. If illness or injury was caused by the apparent negligence of any person, give name, address, occupation and reason for you thinking so?

10. Was salvage obtained from the carcass, if so please enter amount and receipt? \$ _____
11. Give details of previous treatment or medication administered to this animal whilst in your possession?

12. Have you received livestock insurance payments before? If yes, please provide details: _____

13. Was the animal, now the subject of this claim, insured elsewhere? _____

14. Has any other person or company any financial interest in this animal? If so please give their name and address and state their interest:

15. Have you ever had:
- | | | | | | |
|----|-------------------------------------|-----|--------------------------|----|--------------------------|
| i | any insurance claim declined? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| ii | any insurance Certificate declined? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

PRIVACY CONSENT

I consent to Coverforce:

- (a) Collecting and using my personal information for the purposes of administering my claim including investigating, assessing and paying any claim made by me or on my behalf. (If we do not collect this information we may not be able to process your claim.)
- (b) Disclosing my personal information to related entities of Coverforce, the insured (if not myself), other insurers and reinsurers, insurance reference bureaus, law enforcement agencies, investigators, lawyers, assessors, repairers, advisors and the agent of any of these, insurance broker, insurance agent or other intermediary, my employer or Australian Financial Complaints Authority (AFCA) for the purposes of administering my claim or providing a report.
- (c) I understand that a copy of the Coverforce privacy policy statement, including information about access, may be obtained by downloading a copy from the Coverforce website www.coverforce.com.au or calling 1300 503 503.

Signed: X _____ Date _____

Please submit your Claim Form and supporting documents to:

Coverforce
Level 5/11 Eastern Road
South Melbourne VIC 3205

Email: claims@coverforce.com.au