

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 Bi	rth	
Are you registered for GST: Yes	No 🗌 If Ye	es, ABN No:			ITC Proportion _	
Postal Address:						
Phone Number (Office Hours):		Mobile	Number:			
Address where animal was kept:						
Email Address:			Policy Nu	ımber:		
DESCRIPTIO	N OF ANIMAL	CLAIME	D (if insuffici	ent space a	attach schedule)	
Name		Breed			Brand & Colour	
Sex	Date of Birth	<u> </u>		Sum Insur	ed	
				\$		
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GENERAL QUESTI	ONS - All must i	be fully ansv	vered (attach	turther deta	ails if insufficient space	÷)
Date and time veterinary surgeon	first attended?			_		_AM / PM
2 Name and address of votorinary s	ourgoon?					_
2. Name and address of veterinary s	surgeon?					
Enclose a copy of the veterinary report,	diagnosis & autoney t	o this claim for i	tha animal			
3. Type of Claim	Mortality/T	Theft		Loss of Use	2	
4. Give the date and time that the an	nimal died or was de	estroyed:				AM / PM
5. What was the current value of the	animal at the time of	of occurrence	and why? : \$_			

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Coverforce Insurance Broking Pty Ltd ABN 11 118 883 542 AFS Licence No. 302522

Call 1300 503 503 claims@coverforce.com.au www.coverforce.com.au

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?			
	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	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 \(\simega\) No \(\simega\)			
	ii any insurance Certificate declined? Yes No			

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PRIVACY CONSENT

I conser	o 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 our claim.)
(b)	isclosing my personal information to related entities of Coverforce, the insured (if not myself), other insurers and einsurers, insurance reference bureaus, law enforcement agencies, investigators, lawyers, assessors, repairers, advisors not the agent of any of these, insurance broker, insurance agent or other intermediary, my employer or Australian inancial Complaints Authority (AFCA) for the purposes of administering my claim or providing a report.
(c)	understand that a copy of the Coverforce privacy policy statement, including information about access, may be obtained y downloading a copy from the Coverforce website www.coverforce.com.au or calling 1300 503 503.
Signed:	X Date
U	

Please submit your Claim Form and supporting documents to:

Coverforce 137 Moray Street South Melbourne VIC 3205 Email: claims@coverforce.com.au

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MORTALITY CLAIMS INFORMATION

Situation A: Animal found deceased

The Coverforce team send you their condolences for your sad loss. We understand this is a difficult time for you, so we have prepared this information sheet to assist as much as possible during this process. Please do not hesitate to contact us if you have any questions.

Step 1:	ify the Coverforce Horse & Livestock Team as soon as practically possible: Phone:		
	1300 503 504 Email: horse@acoverforce.com.au		
Step 2:	Provide to Coverforce within 60 days: 1. Claim Form completed by you 2. Veterinary report regarding the death and clinical history 3. If the cause of death is unknown, we will require a Post Mortem examination and report to be conducted by a veterinarian		
	To: Email: claims@coverforce.com.au Fax: 02 9223 1422		
Step 3:	Coverforce Claims Manager and our consulting veterinarian will assess the claim.		
Step 4:	You will be advised of the claim outcome: If declined: You will be provided with the reason for the decision and your rights if not satisfied. If accepted: You will be provided with settlement details and required to complete and return a Release Form to the Claims Manager. Once this has been received the Claims Manager will make a request for settlement with Finance and settlement will then be arranged to your nominated bank account.		

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Situation B: Animal euthanised under veterinary advice

The Coverforce team send you their condolences for your sad loss. We understand this is a difficult time for you, so we have prepared these information sheets to assist as much as possible during this process. Please do not hesitate to contact us if you have any questions.

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Step 1:	Notify the Coverforce Horse Team as soon as practically possible that euthanasia on humane grounds has been prescribed by a veterinarian as the only treatment option: Phone: 1300 503m 503 Email: horse@coverforce.com.au		
Step 2:	Provide to Coverforce within 60 days: 1. Claim Form completed by you 2. Veterinary report and clinical history 3. Euthanasia Certificate To: Email: claims@coverforce.com.au Fax: 02 9223 1422		
Step 3:	Coverforce Claims Manager and our consulting veterinarian will assess the claim.		
Step 4:	You will be advised of the claim outcome: f declined: You will be provided with the reason for the decision and your rights if not satisfied. f accepted: You will be provided with settlement details and required to complete and return a Release Form to the Claims Manager. Once this has been received the Claims Manager will make a request for settlement with Finance and settlement will then be arranged to your nominated bank account.		

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