

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 🗌 No 🗌 If Yes, ABN No:		ITC Proportion
Postal Address:		
Phone Number (Office Hours): Mobile Number:		
Address where animal was kept:		
Email Address: Policy N	lumber:	

DESCRIPTION OF ANIMAL CLAIMED (if insufficient space attach schedule)

Name		Breed		Brand & Colour
Sex	Date of Birth		Sum Insu	ired
			\$	

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?	
ř		
	Enclose a copy of the veterinary report, diagnosis & autopsy to this claim for the animal.	
3.	Type of Claim Mortality/Theft 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? : \$	



Coverforce Partners Pty Ltd ABN 57 089 245 465 AFS Licence No. 245377

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.	. 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 □ No □ ii any insurance Certificate declined? Yes □ No □



Coverforce Partners Pty Ltd ABN 57 089 245 465 AFS Licence No. 245377

1

PRIVACY CONSENT

l conser	t 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 <u>www.coverforce.com.au</u> or calling 1300 503 503.
Signed:	<u>X</u> Date

Please submit your Claim Form and supporting documents to: Coverforce

Coverforce Level 5/11 Eastern Road South Melbourne VIC 3205 Email: claims@coverforce.com.au



MORTALITY CLAIMS INFORMATION

	Situation A: Animal found deceased		
we have prepare	eam send you their condolences for your sad loss. We understand this is a difficult time for you, so d this information sheet to assist as much as possible during this process. Please do not hesitate to have any questions.		
Step 1:	Notify the Coverforce Horse & Livestock Team as soon as practically possible: Phone: 1800 986 445 Email: <u>horse@acoverforce.com.au</u>		
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: <u>claims@coverforce.com.au</u> 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: <u>If declined</u> : You will be provided with the reason for the decision and your rights if not satisfied. <u>If accepted</u> : 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.		



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.

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: 1800 986 445 Email: <u>horse@coverforce.com.au</u>
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: <u>claims@coverforce.com.au</u> 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: <u>If declined</u>: You will be provided with the reason for the decision and your rights if not satisfied. <u>If accepted</u>: 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.