

## **Potential Loss of Use Claim Notification**

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

As per the Policy Wording, the potential loss must result in total and permanent incapacity during the same period of insurance or within 12 calendar months of the date of expiry.

Proposer/s Name in Full:					
Postal Address:					
Phone Number (Office Hours):	Mobile Phone Number:				
Address where horse was kept:					
Email Address:					
Descriptio	n of Horse Clai	med lift insufficient en	ace attacl	n schadula)	
Name Description of Horse Clai		Breed		Brand & Colour	
Sex	Date Born		Sum Insured		
			\$		
General Questions	s All must be fully	answered (attach furthe	er details	if insufficient space)	
		(			
1. Give the date and place that the horse sustained the injury:					
2. Cause of illness or injury?					
	0 . 0	0			
3. Who was in charge of the horse at	the time of the lilne	ss or injury?			
4 Please provide the following details	s of your regular Ve	terinary Surgeon (we may c	ontact then	n for further information):	
4. Please provide the following details of your regular Veterinary Surgeon (we may contact them for further information):  Full NamePhone Number					
Postal Address State Postcode					
. 30141 / 1441 000_					



Additional Comments (optional)				
Privacy Consent				
I consent to	to Coverforce:			
	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.)			
r i	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 Financial Ombudsman Service Limited (FOS) for the purposes of administering my claim or providing a report.			
	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 <a href="https://www.coverforce.com.au">www.coverforce.com.au</a> or calling 1300 503 503.			
Signed:	X Date			

## Please submit this Potential Claim Notification to:

Coverforce Level 5/11 Eastern Road South Melbourne VIC 3205

Email: claims@coverforce.com.au