

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: _____

Description of Horse Claimed (if insufficient space attach schedule)

Name	Breed	Brand & Colour
Sex	Date Born	Sum Insured
		\$

General Questions All must be fully answered (attach further details if insufficient space)

1. Give the date and place that the horse sustained the injury: _____

2. Cause of illness or injury? _____

3. Who was in charge of the horse at the time of the illness or injury? _____

4. Please provide the following details of your regular Veterinary Surgeon (we may contact them for further information):
 Full Name _____ Phone Number _____
 Postal Address _____ State _____ Postcode _____

