

## 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 page 9 of the Equine Package 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 _____

**Additional Comments (optional)**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**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 Financial Ombudsman Service Limited (FOS) 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](http://www.coverforce.com.au) 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](mailto:claims@coverforce.com.au)