



A.I.S. Insurance Brokers Pty Ltd
 ACN 065 797 597
 ABN 36 543 825 719
 AFS Licence No. 255304

137 Moray Street
 South Melbourne
 Victoria 3205
 Australia

Telephone +61 3 8699 8888
 Facsimile +61 3 8699 8899
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HORSE & LIVESTOCK INSURANCE CLAIM FORM

The provision of this form by A.I.S. Insurance Brokers Pty Ltd is not an admission of liability or acceptance by A.I.S. Insurance Brokers Pty Ltd 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 Number: _____

DESCRIPTION OF ANIMAL CLAIMED (if insufficient space attach schedule)

Name	Breed	Brand & Colour

Sex	Date of Birth	Sum Insured
		\$

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? _____

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? : \$ _____



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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? _____

9. 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



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PRIVACY CONSENT

I consent to A.I.S. Insurance Brokers Pty Ltd:

- (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 A.I.S. Insurance Brokers Pty Ltd, 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 A.I.S. Insurance Brokers Pty Ltd privacy policy statement, including information about access, may be obtained by downloading a copy from A.I.S. Insurance Brokers Pty Ltd website www.aisinsurance.com.au or calling 03 8699 8888.

Signed: X _____ Date _____

Please submit your Claim Form and supporting documents to:

A.I.S. Insurance Brokers Pty Ltd
137 Moray Street
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Email: claims@aisinsurance.com.au