Insura Broking Group (Australia) Pty Ltd
Trading as RMA Insurance Brokers, ABN 41 825 622 933
Is a Corporate Authorised Representative (AR No. 1267581) of
McCormick Harris & Associates Pty Ltd
Trading as McCormick Harris Insurance, ABN 29 912 806 252
(Australian Financial Services Licence No.238979)
Email: info@rmainsurance.com.au
Website: www.rmainsurance.com.au
Telephone: 1300 650 254

Livestock Insurance Claim Form
Allstate Underwriting Agency

HOW TO LODGE YOUR CLAIM

- Contact RMA Insurance Brokers (RMA) immediately on **1300 650 254** or **info@rmainsurance.com.au**
- Engage a veterinarian to treat your animal as soon as possible - at your own expense.
- Do not humanely destroy your animal without prior approval from Allstate Underwriting Agency (Allstate) via RMA. **Emergency Exception: if the animal cannot wait, your veterinarian may certify that immediate destruction is imperative – document this fully.**
- Do not dispose of remains until written permission is received from Allstate via RMA.
- If the animal has died or been humanely destroyed, arrange a post-mortem examination by your veterinarian as soon as possible – at your own expense.
- For Theft, report to police immediately and follow all police recommendations.
- Photograph and/or video the animal, any injuries and the location of the loss.
- Complete **all** Sections of the Claim Form. Section 10 must be completed by your attending veterinarian.
- **Submit Claim Form and Veterinarian Report within 30 calendar days of the loss to info@rmainsurance.com.au together with: purchase receipt or auction docket, photographs and/or video, proof of market value and salvage receipts (if appliable).**

POLICY & COVER DETAILS

Completed by RMA Insurance Brokers				
Insurer:	Allstate Underwriting Agencies Pty Ltd			
Certificate of Insurance No:				
Period of Insurance:	**From:**		**To:**	
Sum Insured (per animal):				
Excess:				
Cover(s) Selected:	☐	**Mortality**		
	☐	**Extension 1:** Loss of Use (Accidental External Visible Injury)		
	☐	**Extension 2:** Loss of Use (Accident, Illness, Lameness or Injury)		

SECTION 1 – RMA Network Agent

Contact Name:				
Contact Numbers:	**Business Phone:**		**Mobile:**	
Email:				

SECTION 2 – INSURED DETAILS

Insured Name(s):						
Interested Party(s):						
ABN:						
GST Registered:	☐ **Yes**	**ITC Entitlement**		**%**	☐ **No**	
Insured Address:						
Contact Numbers:	**Business Phone:**		**Mobile:**			
Email:						

SECTION 3 – BANK DETAILS (for claim payment)

Bank Name:				
Account Name:				
Account Details:	**BSB:**		**Account No:**	

SECTION 4 – ANIMAL IDENTIFICATION

Name of Animal:				
Animal Details:	**Tag/Tattoo No:**		**Breed:**	
	Age/DOB:		**Sex:**	
	Colour/Markings:			
Purchase Details:	**Purchase Date:**		**Purchase Price:**	
Vendor / Stud Name:				
Was the Animal in Sound Health at Policy Inception?	☐ **Yes**	☐ **No**	☐ **Unknown**	
	If No: Provide details below.			

Any Known Pre-Existing Conditions?	☐	**Yes**	☐	**No**		
	If Yes: Provide details below.					
Quarantine:	**Was the Animal quarantined for 14+ days before joining the herd?**					
	☐	**Yes**	☐	**No**	☐	**N/A**
Other Insurances Covering These Animals?	☐	**Yes**	☐	**No**		
	If Yes: Provide Insurer Name and Policy No:					

SECTION 5 – INCIDENT / LOSS DETAILS

Date of Loss:		
Type of Loss:	☐	**Mortality**
	☐	**Theft**
	☐	**Loss of Use: Accidental External Visible Injury**
	☐	**Loss of Use: Accident, Illness, Lameness or Injury**
Full Description of Incident / Loss:		

SECTION 6 – TRANSIT DETAILS

Complete this Section if the loss occurred during Transit				
Carrier / Transport Company:				
Driver's Full Name:				
Vehicle Details:	**Reg No:**		**Vehicle Type:**	
Transit Details:	**Point of Origin:**		**Destination:**	
	Location at time of Loss:		**Date / Time of loss:**	

Were all Transit Conditions met?		**Yes**		**No**
	If No: Specify:			
	Key Conditions: experienced handler accompanying at all times; animals inspected within 30 minutes of departure then every 2 hours; adequate food, water, ventilation; suitable loading density; species not mixed; driver not under influence of alcohol or drugs.			

SECTION 7 – THEFT DETAILS

Complete this Section if the loss occurred was due to Theft

Date Theft Discovered:	
Date Reported to Police:	
Police Station Reported To:	
Police Station Phone Number:	
Police Report Number:	

SECTION 8 – ATTENDING VETERNARIAN DETAILS

Veterinarian Practice:				
Contact Name:				
Business Address:				
Contact Numbers:	**Business Phone:**		**Mobile:**	
Email:				

SECTION 9 – INSURED DECLARATION

I/We:

- Received a copy of the Mortality Policy Wording at policy inception and agreed to accept the insurance subject to the terms and conditions and limitations of the Policy.
- Have read and understood the Duty of Disclosure information and other Important Information in the Mortality Policy Wording and I/we realise that if I/we have not compiled with the Duty of Disclosure any claims may not be met or the Policy cancelled.
- Have read and understood Allstate Underwriting Agency Privacy information found at AUA-Privacy-Policy-Statement.pdf and consent to the collection, storage, use and disclosure of personal information of all persons covered in this Claim Form. Where personal information has been provided on someone else's behalf, that person has consented to this provision.
- Consent the Insurer and their representatives accessing all veterinary records, ownership records and other documentation relevant to this claim.
- Confirm there is no other insurance covering these Animals, or if other insurance exists, the details have been provided on this Claim Form.
- Declare all information provided in this Claim Form is true and correct and I/we have not withheld any material information relevant to this claim.

Full Name:			
Signature:	**X**	**Date:**	

SECTION 10 – VETERINARIAN REPORT

LIVESTOCK DETAILS

Location of Animal at time of Loss:				
Name of Animal:				
Animal Details:	**Tag/Tattoo No:**		**Breed:**	
	Age/DOB:		**Sex:**	
	Colour/Markings:			
For what purpose has the animal been used?				

ACCIDENT / INJURY / ILLNESS OR DISEASE DETAILS

Animal Inspection:	**Date:**		**Time:**	
What was your diagnosis of the accident / injury / illness or disease?				
State the probable cause of the injury / illness / disease or how the accident occurred:				
When did the accident / injury / illness or disease first show signs?	**Date:**		**Time:**	
Is this a congenital defect or abnormality?		**Yes**		**No**
Is this a pre-existing condition:		**Yes**		**No**

In your opinion has the accident / injury / illness or disease been accelerated or caused by lack or care, neglect, management of the animal or the owner or their representative? Please provide details:
In your opinion has the animal received proper care and treatment on a timely basis before and after the accident / injury / illness or disease? Please provide details:
Is the accident / injury / illness or disease an entirely new ailment and not a recurrence of a previous sickness/injury? Please provide details.
Had the animal undergone any surgical procedures or received any medical treatment which is relevant to the accident / injury / illness or disease? Please provide details.
Other remarks or comments:

LOSS OF USE DETAILS

Loss of Use Cover:		Accidental External Visible Injury		Accident, Illness, Lameness or Injury

Has the animal proven fertility (at lest one female pregnant in its first breeding season)?					
	Yes		No		Unknown

Full breed evaluation including semen test arranged?			
	Yes – at Insured's own expense		No: Provide reason below:

Loss of Use (Accidental External Visible Injury): In your opinion has the animal become permanently and totally infertile or incapable of natural service as direct result of this accident? Provide details:
Loss of Use (Accident, Illness, Lameness or Injury): In your opinion has the animal become permanently and totally infertile or incapable of natural services as a direct result of the accident, illness, lameness or injury after 12 weeks from the date of the accident, illness, lameness or injury first showed signs? Please provide details.
Other remarks or comments?

DEATH OF ANIMAL DETAILS

Animal Death:	Date:		Time:	
What was the actual cause of death?				
In your opinion was the accident, injury illness or disease referred to the above the sole cause of this death? Please provide details:				
Postmortem / Autopsy Findings. Please provide details:				
Other remarks or comments?				

VETERINARIAN DECLARATION

I declare that the information provided in Section 10 of this Claim Form is, to best of my knowledge and belief, true and correct and I have not withheld any relevant information.

Full Name:			
Graduate Veterinarian of (degree):			
Signature:	**X**	**Date:**	