

livestock
insurance

livestock

claim report



Insurer
CGU Insurance Limited
ABN 27 004 478 371

Please retain this page for your information

ABOUT YOUR CLAIM

- ◆ We will contact you as quickly as possible about your claim.
- ◆ For most claims we will check the circumstances and the amount of loss before we authorise payment.
- ◆ We need to handle everything related to the claim.
- ◆ Please refer to your policy booklet for more information about how your claim will be handled.
- ◆ If you have any questions about your claim, please contact your local CGU Insurance office. The telephone numbers are:

Adelaide	(08) 8405 6300	Perth	(08) 9254 3600
Brisbane	(07) 3135 1900	Sydney	(02) 8224 4000
Launceston	(03) 6345 3500	Ballarat	(03) 5329 4100
Melbourne	(03) 9601 8222	Newcastle	(02) 4935 7100

How you can resolve a dispute with us

Our dispute resolution system is free and works like this:

1. Please advise the staff at your local CGU Insurance office (phone numbers above) if you are dissatisfied with:
 - our decision on your claim,
 - our handling of your claim,
 - the services of our loss adjuster or investigator.
2. The staff member will try to resolve the problem.
3. If unable to resolve it, the staff member will refer it to the supervisor or manager for attention. A decision concerning your complaint will be made within 15 business days of receipt.
4. If this fails to resolve your problem, you may request that the problem be referred to our internal dispute resolution staff. They will investigate the dispute and try to reach a satisfactory outcome with you, normally within 15 business days of the date you requested a referral.
5. If you do not accept our decision, you may take the problem to the **Financial Ombudsman Service (FOS)**, for an independent investigation. The FOS can assist with private consumer and some small business type claims.

The telephone number for the Financial Ombudsman Service is **1300 780 808**.

More detailed information about this process is available from your local CGU Insurance office.

Livestock Claim Report

Please answer all questions. This will help us process your claim quickly.
 If you need more space to answer any of the questions, please use a separate sheet of paper.
 Any attachments will form part of this claim report and the declaration will include them.

1. Policy number (from your schedule) Expiry date
 / /

2. Insured (surname, company, partnership occupation)

Given name(s) of insured Contact person (for company or partnership claims)

3. Are you registered for GST purposes?
 No Yes What is your ABN?

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?
 No Yes Is the amount claimed or intended to be claimed less than 100%
 of the GST applicable to the premium?
 No Yes Specify the percentage amount claimed or intended to be claimed %

Are you entitled to claim an input tax credit for the replacement of the animal the subject of this claim?
 No Yes

4. Address
 Postcode

5. Private telephone no. Business telephone no. Facsimile no.

General Questionnaire

6. What type of claim are you reporting?
 Death Loss of use Loss of Unborn Foal/Calf Other (Specify)

7. Describe the animal subject of your claim:
 Type of animal

Stud book no. Breed Sex

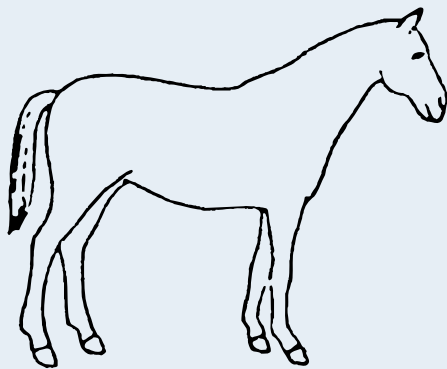
Name Age (years)

Colour Estimated market value Service fee
 \$ \$

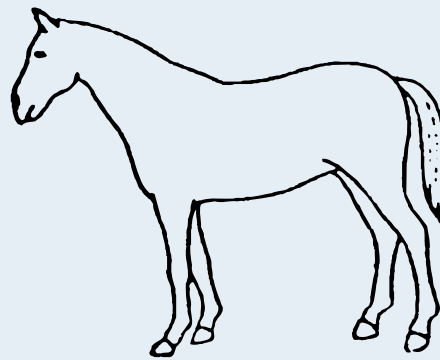
Sire Dam

8. Are there any white markings or scars on the animal?

No Yes Sketch their positions on the diagrams below: (Note: Show markings or scars that may be around the body or legs on both diagrams)



OFF SIDE



NEAR SIDE



9. Was the animal branded or tattooed?

No Yes Draw the brand and/or tattoo in the area below:

10. For what purpose was the animal being used?

11. Did you buy the animal? Yes From whom

Date of purchase Purchase price

/ /

\$

No How was it acquired?

12. Has any other party a financial interest in the animal?

No Yes Name of the interested party

Address

Postcode

13. Has the animal suffered any previous illness or accident:

No Yes Nature of illness or accident

Date of illness or accident

/ /

Name of person who attended

Qualifications

14. Has the animal been artificially inseminated or used for the collection of semen?

No Yes Over what period The number of inseminations or collections

15. Is there any other insurance on the animal?

No Yes Name of the insurance company

16. Have you ever made a claim under a Livestock Policy?

No Yes Name of the insurance company

Type of claim Date of claim / / Amount claimed \$

Cause of loss details

17. Was the loss caused by:

a) Accident No Yes How did the accident happen

b) Illness or disease? No Yes State complaint
When first observed Date / /

c) Casting or slipping? No Yes State the purpose of the operation

d) Operation? No Yes State the purpose of the operation

18. What treatment and care was given to the animal? (Note if no treatment state reason)

19. Were there any witnesses to the loss? No Yes Witness'(s) name(s)

Address

Postcode

20. Do you consider anyone contributed to the loss?

No Yes State your reasons

Death Details

21. Indicate whether the animal -

a) Was found dead No Yes

When was it last seen alive?

Date

By whom?

When was it last seen dead?

Date

By whom?

b) Was destroyed No Yes

When was it destroyed?

Date

By whom?

c) Died under other circumstances No Yes

When did the animal die?

Date

22. Where was the animal located at the time of death?

State address

Location

Loss of use details

23. When was it first noticed that natural service could not be performed?

Date

Time

a.m. p.m.

24. Where was the animal located at the time?

25. When was natural service last carried out?

Date

State the number of:

a) Females offered

Last season

This season

b) Females served

Last season

This season

c) Successful pregnancies

Last season

This season

Details of mare/cow

(Note: If you have lost a calf, substitute 'cow' and 'calf' for the words 'mare' and 'foal' shown below.)

26. Describe the mare as follows: Stud book no.

Breed

Name (if applicable)

Age

Years

Colour

Brand and markings

Value

Sire

Dam

Details of mare/cow (cont'd)

27. When was the mare due to foal? Date When did the mare last foal or cast? Date

State the number of:

a) Mares in foal	Last season <input type="text"/>	This season <input type="text"/>
b) Mares lost	Last season <input type="text"/>	This season <input type="text"/>
c) Foals lost	Last season <input type="text"/>	This season <input type="text"/>

Veterinary details

28. State the name of the Veterinary Surgeon or other person who attended the animal

Name <input type="text"/>	Qualifications <input type="text"/>
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Address <input type="text"/>	Postcode <input type="text"/>
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29. When was the Veterinary Surgeon or other person requested to attend the animal?

30. When did the Veterinary Surgeon or other person first see or attend the animal?

31. When did the Veterinary Surgeon or other person last see or attend the animal prior to its death?

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to CGU Insurance using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, CGU Insurance may not be able to process my claim.

* I consent to CGU Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to CGU Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signature of insured or person with authority to sign
for and on behalf of a company or partnership

Date

* This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.

Please indicate the number of additional pages attached to this claim report

Certificate of Veterinary Attendance

Answer questions by ticking appropriate boxes and supplying other information requested

IMPORTANT

To support the insured's claim the treating Veterinary Surgeon **MUST** complete the Veterinary Certificate below and overleaf

Particulars of owner and animal

1. State the owner's name

Name

2. Address

Postcode

3. Describe the animal as follows

Type of animal

Breed

Sex

Colour

Brands and markings

Age

Name

Particulars of attendance and treatment

4. Are you the Veterinary Surgeon who usually attends the owner's stock?

No

Yes

State how long you have attended the owner's stock

5. When were you first consulted about the animal?

6. When did you first examine the animal?

7. How long do you consider the animal had been ailing before you attended?

8. Did you carry out a general physical examination of the animal?

No

State the reason

Yes

(a) the nature of the illness or disability

(b) your opinion of the animal's health, condition and conformation

(c) whether the animal was well nourished

9. Has the animal been artificially inseminated or used for collection of semen?

No Yes State whether it contributed to the animal's death

10. Is the animal still alive?

Yes No Indicate whether the animal

(a) died during treatment and the date of death

(b) was destroyed and the date it was destroyed

(c) was found dead and the estimated date of death

Death details

11. Did you carry out a post mortem?

No State the reason

State the probable cause of death

Yes State the results

State the cause of death

12. Do you consider that the animal was properly cared for and that every endeavour was made to save its life?

Yes No State your opinion of what could have been done

Examination for breeding soundness

13. State the results of your examination as follows

History of animal

14. Results of physical examination of the reproductive organs

15. Results of semen examination

Initial

Laboratory

16. Results of serving ability examination

17. Is the animal permanently

(a) impotent? (b) infertile? (c) incapable of natural service?

No Yes No Yes No Yes

What is the probability of specialised treatment or surgery being successful in alleviating the condition?

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18. If the animal is permanently incapable of natural service, do you consider it suitable for artificial insemination?

No Yes

19. Do you consider the loss of use was caused by

(a) Accident - caused solely and directly by violent, external and visible means (e.g. trauma)

No Yes Please describe

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(b) Environmental factors (e.g. terrain)

No Yes Please describe

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(c) Management practices (e.g. show preparation or neglect)

No Yes Please describe

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(d) Infection (e.g. after trauma)

No Yes State type of infection

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(e) Genetic (e.g. conformation, inherited predisposition or disease)

No Yes Please describe

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(f) Other than above (please specify)

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

Signature of Veterinary Surgeon

Date

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Please indicate the number of additional pages attached to this claim report

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When complete, please forward the report to:
• CGU Insurance, GPO Box 9902 in the capital city of your state or
• our agent or your broker or
• your local CGU Insurance office.



Insurer
CGU Insurance Limited
ABN 27 004 478 371