

> Livestock Claim Notification Form

rma network agent

Contact Name _____ Phone _____

Email _____

Insured Details

Policy Number _____ Insured Name _____

Insured Address _____

Phone Number _____ Mobile Number _____

Fax Number _____ Email _____

Claim Payment Details

If your claim is accepted and a cash settlement is due, the funds can be settled via an EFT payment. Should you wish to have your claim paid by EFT please provide your banking details below. If no details are provided we will organise a cheque to be mailed to your broker's office.

Bank _____ BSB _____

Account Name _____ Account Number _____

Livestock Details

Individual Animal Cover

Name of Animal _____

Tag/Tattoo Number _____ Age _____

Breed _____

Herd Cover

Number of deceased animals _____

Loss Details

Date of illness/injury _____

Description of Loss (Type of illness/injury) _____

Please enclose photographic evidence of the injured animal (including visible tag/ID numbers).

Veterinary Details

Veterinarian Practice _____

Contact Name _____

Phone Number _____

Email _____

Please attach Veterinarian Report and Salvage Sales receipts (if applicable) to this claims form.

- I/We**
- Received a copy of the Livestock Product Disclosure Statement 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 Livestock Product Disclosure Statement and I/we realise that if I/we have not complied with the Duty of Disclosure, any claims may not be met
 - Have read and understood the Rural Affinity Privacy information found at www.ruralaffinity.com.au/privacy_statement 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.
 - Declare everything on this Claim Notification Form to be true and correct and I/we have not withheld any relevant information.

Your signature _____ Date _____

(Signed for and on behalf of all insureds)

Livestock Veterinarian's report

Veterinarian's name

Phone

Name of veterinarian's practice

Livestock Details

Owners name(s)

Location of animal at time of disease/illness/accident

Name of animal(s)

Tag/Tattoo No

Age

Breed

Sex

Colour/markings

For what purpose has the animal been used?

Disease/Illness or Injury Details

Date & time of animal inspection

What was your diagnosis of the disease/illness/accident?

State the probable cause of the disease/illness or how the accident occurred

When did the disease/illness/accident first show signs?

Date

Time

In your opinion has the disease/illness or injury been accelerated or caused by lack of care, neglect, management of the animal on the part of the owner or their representative? If Yes, please provide details

Death of Animal

Date & time of death

What was the actual cause of death?

In your opinion was the disease/illness/accident referred to above the sole cause of its death? If No, please provide details

Was the animal destroyed? If Yes, what was the date the animal was destroyed and was the animal destroyed on human grounds or other (if other please elaborate)?

(Post Mortem/Autopsy) Date & time of post mortem

(Post Mortem/Autopsy) Findings

(Post Mortem/Autopsy) Additional remarks

Veterinarian Declaration

I (name) _____,

a graduate veterinarian of (degree) _____,

do solemnly and sincerely declare that the above information, to the best of my knowledge and belief, to be true and correct and I have not withheld any relevant information.

Signature _____,

Address _____

_____, Date _____