



---

## **CLAIM FORM**

### **Livestock**

---

Assetinsure Pty Ltd  
ABN 65 066 463 803  
44 Pitt Street Sydney NSW 2000

PO Box R299  
Sydney NSW 1225  
Australia

T (02) 9251 8055  
F (02) 9251 8061  
[www.assetinsure.com.au](http://www.assetinsure.com.au)



## CLAIM FORM – Livestock

---

9 Does another party have a financial interest in the animal? . . . . . Yes / No  
If YES, please provide details

10 Is there any other insurance on the animal? . . . . . Yes / No  
If Yes, Name of the insurance company

Have you made a claim on this insurance . . . . . Yes / No  
If YES, please provide details

### B. DETAILS OF THE INCIDENT

1 Date of Loss . . . . . Time  
(dd/mm/yyyy)

2 What is the location of the loss?  
Address

Suburb . . . . . State . . . . . Postcode

3 Describe the cause and circumstances of illness, disease, loss of use, accident or death

4 Please describe the areas of the injury to your animal

5 Who was in charge of the animal at the time of loss?

6 Did a veterinarian attend to the animal? . . . . . Yes / No  
If Yes please provide details in Part F and **attach Veterinary Certificate**)

7 If death, where may the carcass be inspected?

8 If the carcass has been disposed of, when and how did you dispose of it?

9 Has the animal suffered any previous illness or accident? . . . . . Yes / No  
If Yes, state the nature of the illness or accident

10 Date of illness or accident . . . . . dd/mm/yyyy  
Person who attended  
What action was taken  
State results of the examination

## CLAIM FORM – Livestock

---

- 11 Was the animal found dead . . . . . Yes / No  
If YES, When was the animal last seen a) alive . . . . . By whom?  
dd/mm/yyyy  
b) dead . . . . . By whom?  
dd/mm/yyyy  
If NO, please advise when the animal died and under what circumstances
- 12 Were there any witnesses to the loss? . . . . . Yes / No  
If YES, please provide name, address and phone number

### C. LOSS OF IN-FOAL MARE OR FOAL

- 1 Are you claiming for loss of in-foal mare or foal? . . . . . Yes / No  
If YES, When was the mare due to foal? . . . . .  
dd/mm/yyyy  
When did the mare last foal or cast foal ? . . . . .  
dd/mm/yyyy
- 2 State the number of:
- |               |             |             |
|---------------|-------------|-------------|
| Mares in foal | Last season | This season |
| Mares Lost    | Last season | This season |
| Foals Lost    | Last season | This season |

### D. LOSS OF SEMEN OR EMBRYO

- 1 Are you claiming for loss of semen or embryos? . . . . . Yes / No  
If Yes, Please provide details
- 2 Has the animal been artificially inseminated or used for the collection of semen? . . . . . Yes / No  
If yes, Total number of inseminationV or collections . . . . . Over what period

### E. DETAILS OF LOSS OF USE

**(PLEASE NOTE: A REGISTERED VETERINARY SURGEON MUST CERTIFY THAT THE DISABILITY IS PERMANENT AND THAT THE DISABILITY WAS CAUSED BY AN ACCIDENT OR ILLNESS)**

- 1 Was there any loss of use? . . . . . Yes / No  
If Yes, when did you first notice the animal could not fulfil its purpose?  
dd/mm/yyyy
- 2 When was the last time the animal fulfilled its purpose?  
dd/mm/yyyy
- 3 Describe the loss of use?
- 4 What is the estimate of the loss?

## CLAIM FORM – Livestock

---

### F. DETAILS OF VETERINARY SURGEON

What is the name of the Veterinary Surgeon who attended the animal(s)?

Name

Address

Suburb

State

Post Code

Qualifications

Date requested to attend the animal ?

dd/mm/yyyy

Date first attended the animal?

dd/mm/yyyy

Date last attended the animal prior to its death?

dd/mm/yyyy

### \* . HISTORY

1. Have you had any losses or previously made a claim against any insurance company in the past 5 years? . . . . Yes / No

If YES, please provide details of nature of loss, date of loss, insurer and value.

2. Have you had any insurance or renewal of insurance refused, cancelled, or had special conditions imposed? . . . Yes / No

If YES, please provide details

3. Have you been charged with, or convicted of, any criminal offence? . . . . . Yes / No

If YES, please provide details.



## CLAIM FORM – Livestock

---

### ADDITIONAL INFORMATION



## CLAIM FORM – Livestock

---

### Complaints - Dispute Resolution

If you do not agree with any decision we make in relation to your claim or are dissatisfied with the handling of your claim or the services of our loss adjuster or investigator, please write to us stating the nature of your complaint and the reasons why.

We will try to resolve the complaint immediately. If the complaint cannot be resolved Assetinsure provides an internal dispute resolution process should a dispute arise. For details contact Assetinsure's Compliance Manager Assetinsure Pty Ltd, 44 Pitt Street, Sydney or ringing (02) 9251 8055.

If you are not satisfied with the decision of the Internal Dispute Resolution Committee, the matter may be referred to an independent alternative dispute resolution body, the Financial Ombudsman Service (FOS), subject to eligibility.

Financial Ombudsman Service  
GPO Box 3  
Melbourne VIC 3001  
1300 78 08 08 (National Toll Free)  
Tel: (03) 9613 6300  
Fax: (03) 9613 6390

### Privacy Policy

Assetinsure is committed to safeguarding and protecting the privacy of personal information. We are bound by the provisions of the Privacy Act 1988 which sets out the standards to be met in the collection, use and disclosure of personal information.

If you require further information about our Privacy Policy, please refer to the detailed information on our website - [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp)

If you want to access your personal information held by Assetinsure or wish to make a complaint in relation to privacy issues please contact us either electronically: [info@assetinsure.com.au](mailto:info@assetinsure.com.au) or [complaints@assetinsure.com.au](mailto:complaints@assetinsure.com.au) or at the address shown in this document.

### General Insurance Code of Practice

Assetinsure has adopted the General Insurance Code of Practice which stipulates minimum standards of service to our clients. If you would like further information in regard to the Code of Practice please refer to the Code of Practice website - [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or our own website - [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp)

## C. DECLARATION

On behalf of the Insured, I declare the above answers to be true and correct in every particular and acknowledge that Assetinsure may make its decision on indemnity having regard to these answers.

I consent to Assetinsure using the personal information which I have provided on this form for the purposes of processing this claim. I understand that if I choose not to provide the required details, Assetinsure may not be able to process this claim.

I consent to Assetinsure disclosing my personal information to other insurers, an insurance reference service, or as required by law. I also consent to Assetinsure disclosing my personal information to, and/or collecting information about me, from third parties such as investigators or legal advisers. Where I have provided information about another individual (for example an employee or client), I declare that the individual has or will be made aware of that fact. If you accept this statement, tick the box and complete the fields below.

Name

Date

dd/mm/yyyy