



Logan Livestock Insurance Agency Pty Ltd

ABN 81 001 826 204

www.logans.com.au

AFS Licence No. 238959

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General Claim Form

Personal information we collect from or about you is for the purpose of insurance. Such information may be disclosed to and/or collected from others in the course of that insurance. You can choose not to provide personal information, however we may therefore be unable to provide insurance cover or process claims. Please contact us if you wish to obtain a copy of our Privacy Policy or should you wish to update or access the information we hold about you.

Claim No:

Policy No: Limit of Liability: Due Date:

INSURED'S NAME: Phone No:

ADDRESS:

..... Email:

Date of happening:/...../..... Time: am/pm Address of happening:

How did loss or damage or accident occur?

If water damage, what was the source of the water and how did it enter the building?

Extent of loss or damage and description of property affected

If burglars or malicious persons involved, describe how building was entered and state damage caused to building

If articles lost or stolen, advise Police details: Police Report No:

Where reported? When? Name of Policeman:

How was the loss discovered and by whom?

..... When?/...../.....

For articles lost or stolen, state if newspaper advertisement placed, where and when?

Name and address of Party responsible for damage

State name of Mortgagee or other interested Parties

State the total value of the property at risk at the time of the loss \$.....

Do you hold any other insurance which would cover this loss? If yes, name of company and amount

..... \$

Please complete back

