



CLAIM REPORT

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT THE FURNISHING OF THIS BLANK FORM TO THE ASSURED OR THE ASSISTANCE OF ANY ADJUSTERS OR ANY AGENT OF THE INSURER IN THE MAKING OF THIS PROOF IS NOT A WAIVER OF ANY RIGHTS OF SAID INSURER OR ANY OF THE CONDITIONS OF THIS POLICY

----- PROOF OF LOSS AND AUTHORISATION FOR COLLECTION OF CLAIM -----

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.

IF THERE IS INSUFFICIENT SPACE ON THIS FORM TO PROVIDE FULL DETAILS, ATTACH A SEPARATE SHEET

ASSURED'S/POLICY DETAILS

Name: _____ Policy No: _____

Address: _____

Email Address: _____ Phone No: _____

Period of Insurance: From: ___ / ___ / ___ To: ___ / ___ / ___ Amount Claimed \$ _____

Bank Account Details *(Only complete this section if you choose to authorise any claim settlement to be Electronic Funds Transferred to the nominated account. If more than one, then please supply details on a separate sheet.)*

Accountholder's Name: _____ Bank: _____

BSB: _____ Account No: _____

ANIMAL DETAILS

Name: _____ Age: _____ Sex: _____

Sire: _____ Dam: _____

Breed: _____ Colour: _____

Use: _____ Markings: _____

QUESTIONNAIRE

1. a) Date of Acquisition ___ / ___ / ___ b) Purchase Price \$ _____

b) Give the name and address of the person or persons from whom you purchased or otherwise acquired this animal:

c) If bred, what was the Service Fee? \$ _____

d) Date and Location of Last Race (where Applicable): _____

e) If a mare: Date, location, name of stallion and service fee paid for last service:

2. a) Give the exact circumstances and cause of loss: _____

b) When was the animal first discovered to be sick or injured? Date: ___/___/___ Time _____ am/pm

c) When were the Insurers notified of the sickness or injury? Date: ___/___/___ Time _____ am/pm

d) When did the animal die? Date: ___/___/___ Time _____ am/pm

e) Was the animal destroyed? Yes No

f) If destroyed, on whose recommendation? _____

3. What treatment was given to the animal before arrival of the Veterinarian & by whom?

4. a) When was the veterinarian first notified? Date: ___/___/___ Time _____ am/pm

b) When was he/she first in attendance? Date: ___/___/___ Time _____ am/pm

c) Veterinarian's name and address: _____

d) Phone Number () _____

e) What subsequent visits were made? _____

5. a) Was the animal, whilst owned by you, ever sick or injured before? Yes No

If Yes, give details, with the name of the attending Veterinarian: _____

b) Has this animal undergone any surgical operation during the term of this Policy? Yes No

If Yes, give details, with the name of the attending Veterinarian: _____

6. Have any other animals in your ownership died in the past 12 months? Yes No

If Yes, please provide details and specify whether insured or not : _____

7. a) Are you the sole owner of the insured animal? Yes No

If No, give name(s) and address(es) of the other owner(s) below. (*Note that every owner with an interest in the animal, and insured under the policy to which this Claim Report form relates, must complete the Syndicate/Partnership Form Of Release which is at the end of this form*):

b) Is there now, or has there ever been any mortgage, lien, bill of sale or any other encumbrance on the said animal while owned by you? Yes No

If Yes, please provide details: _____

8. Apart from the insurance to which this Claim Report refers was there any other insurance pertaining to this animal, whether in the Assured's name or any other name, at the time of loss? Yes No

If Yes, please provide full details:

Amount of other insurance(s) \$ _____

Insurer(s) _____ Policy No(s) _____

Does this other insurance cover you for this loss? Yes No

DECLARATION & RELEASE

9. I of (Town/City of residence) hereby claim from Underwriters subscribing to Policy Number and will accept from them in full release and satisfaction of all claims under this policy in respect of the loss for (the animal) the amount of \$....., less, as applicable, the amount of deductible/excess \$.....

I hereby authorise that all claims that may be agreed under this policy be paid to Logan Livestock Insurance Agency Pty Ltd trust account and such payment to be sufficient discharge to the Underwriters and Lonmar Global Risks Limited.

AND I DO SOLEMNLY AND SINCERELY DECLARE that the foregoing particulars are true and that the claim is a just and reasonable one and that the proper treatment and care was given to the animal. And that I agree if any of the above answers or part thereof are untrue my claim for compensation shall be forfeited and the said Policy shall be null and void. And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Act of Parliament rendering persons making false declaration punishable for wilful and corrupt perjury.

Declared at: _____

Date: _____, 20_____

Signature: _____

SYNDICATE/PARTNERSHIP FORM OF RELEASE

(To be completed by all parties where the insurance indemnifies more than one party.)

We the undermentioned partners/syndicate members hereby authorise to complete this Claim Report on our behalf. Furthermore we authorise that all claims that may be agreed under this policy be paid to and agree that such payment will be accepted as sufficient discharge to the Underwriters, Lonmar Global Risks Limited and Logan Livestock Insurance Agency Pty Ltd.

Name	Address	Date	Signed
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Logan Livestock Insurance Agency Pty Ltd

ABN 81 001 826 204

www.logans.com.au

AFS Licence No. 238959

LEVEL 3, 357 MILITARY RD, CREMORNE TELEPHONE: (02) 9909 1499 FAX: (02) 9909 8057

Correspondence: P.O. BOX 360, CREMORNE NSW 2090 AUSTRALIA email: postmaster@logans.com.au

GST Questionnaire

Please provide full details in relation to the insurance claim. The details provided on this questionnaire may affect the amount of the claim settlement and will be used by the Insurers to claim a GST taxation benefit, if applicable. If you are not certain of the answers to any of the following questions please consult your accountant or relevant financial adviser.

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.

Assured's Name:

Claim Number:

- 1. Does the Amount Claimed include GST? **Yes** **No**
- 2. Are you registered for GST? **Yes** **No**

If "Yes", please complete this questionnaire fully. If "No", then please proceed directly to the section at the bottom of this form that requires your signature and the date.

3. What is your ABN (Australian Business Number)? _____

4. What is the extent of your entitlement to an ITC (Input Tax Credit) in relation to the GST portion of the premium for this Insurance? *If you are entitled to a partial ITC, please indicate the percentage entitlement.*

Full - 100% **Partial - _____%** **Nil – 0% (Fully Input Taxed)**

Signed:

Date