



Livestock Transit

Claim form

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information ('Information'), you should know that:

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you such as health information, in order to comply with our legal obligations, assess your application and, if your application is successful, to administer the products or services provided to you, to enhance customer service and product options and manage a claim ('purposes').

If you do not agree to provide us with the Information, we may not be able to process your application, administer your policy or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, your employer, Workcover authorities and as required by law within Australia or overseas.

Zurich may obtain Information from government offices, the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.

In most cases, on request, we will give you access to personal information held about you. In some circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone on 132 687 or email us at Privacy.Officer@zurich.com.au

Please provide the following information/documentation where possible with your claim form

- Sale invoice
- Stock transfer permit
- Consignment/freight/delivery note (showing terms and conditions)
- Copy of your written 'Letter of Demand' to the carrier and their subsequent response
- If animals destroyed for humane reasons, include copy of veterinary officer or DPI order
- Result of claim made against any third parties (please give details) and attach correspondence.

1 Insured details

| | | | |
|------------------|--------------|----------|--|
| Policy number | Claim number | | |
| | | | |
| Insured name | | | |
| | | | |
| Postal address | State | Postcode | |
| | | | |
| Contact name | | | |
| | | | |
| Contact number/s | | | |
| | | | |
| Email | | | |
| | | | |

2 GST declaration

Are you registered for GST? Yes No If 'Yes', please provide ABN number

Have you claimed an input tax credit on the GST amount applicable to this policy? Yes No

If 'Yes', is the amount claimed less than 100%? Yes No

If 'Yes', please advise percentage of GST claimed is applicable to the premium %

3 Claim information

Date of loss/damage / / Date of dispatch / / Date of arrival / /

Place of dispatch Place of arrival

Please provide details of the loss/damage incident

Where did the loss occur?

Please indicate if you are Vendor Purchaser

Please indicate if this is a Private sale Auction sale Other, please provide details

Please advise total number and type of stock consigned

Has the event been reported to the police? Yes No If 'Yes', please advise name and location of police station

Police report number

Average value per head of stock AU\$ Cause of death

Please advise name, address and contact number of person who sighted the carcasses

Please advise method of disposal of carcasses By whom?

Other insurance cover

Was there any other insurance covering this event? Yes No If 'Yes', please advise insurance company and policy number

Carrier

Name of carrier

Address

Were details of the incident noted at the time of delivery? Yes No If 'No', please advise why not

Were details of the incident noted on delivery docket? Yes No

Has a claim been lodged on the carrier? Yes No If 'No', please lodge claim

| Details of livestock claimed | Details of loss | Amount claimed AU\$ |
|------------------------------|-----------------|---------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| Total amount claimed | | AU\$ |

4 EFT payment details (please complete this section if you require payment directly into your account)

Account name Account number

Bank name BSB Number

Bank address State Postcode

Overseas payment

Swift Code ABA Code Sort Code

5 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 understand that Insurers do not admit liability by the issue of this form.

Name (Please print)

Signature of insured Date / /