



Logan Livestock Insurance Agency Pty Ltd

ABN 81 001 826 204

www.logans.com.au

AFS Licence No. 238959

21 PARRAWEEEN STREET, CREMORNE NSW 2090 TELEPHONE: (02) 9909 1499 FAX: (02) 9909 8057

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

CLAIMS REPORT - LOGAN EQUESTRIAN COVER

PROOF OF LOSS AND AUTHORISATION FOR COLLECTION OF CLAIM

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT THE FURNISHING OF THIS BLANK FORM TO THE INSURED 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

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

DETAILS OF THE INSURED AND THE POLICY

Insured's Name: _____ Policy No: _____

Insured's Address: _____ Amount Claimed: \$ _____

Insured's Phone No: () _____ Period of Insurance: / / To / /

Insured's Email: _____

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: _____

DETAILS OF THE HORSE

1. Name of Horse: _____ Age & Sex: _____

Sire: _____ Dam: _____

Breed: _____ Colour: _____

Markings: _____ Use: _____

Registry Assoc: _____ Registration No: _____

2. a) Date of Acquisition: / / Purchase Price: \$

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

c) If bred, what was the Service fee? : \$

DETAILS OF THE LOSS

3. a) Describe the circumstances that led to your claim:

4. a) When was the horse first discovered to be sick or injured?

Date: __/__/__ Time: _____ am/pm

b) When were the underwriters notified of the sickness or injury?

Date: __/__/__ Time: _____ am/pm

5. What treatment was given to the horse before the arrival of the Veterinarian & by whom?

6. a) When was the Veterinarian notified?

Date: __/__/__ Time: _____ am/pm

b) When was he first in attendance?

Date: __/__/__ Time: _____ am/pm

c) Veterinarian's name and address:

Phone Number:

_____ () _____

d) What subsequent visits were made?

7. a) Was this horse, while owned by you ever sick or injured before? Yes No

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

b) Had this horse undergone any surgical operation during the term of this Policy?

Yes No

If Yes, give details, with the name of the attending veterinarian:

8. Is there any other insurance in effect that will cover you for this loss? Yes No

If Yes, give full details, including name of insurer/s and policy number/s:

If the horse is alive go to Section Number 12. If the horse is dead please complete all of the questions below.

9. a) When did it die? Date: __/__/__ Time: _____ am/pm
b) Was it destroyed? Yes No
c) If destroyed, on whose recommendation? _____
10. Have any other animals in your ownership died in the last three years? Yes No
If Yes, please provide details and specify whether insured or not: _____

11. 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):

- 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:

DECLARATION AND RELEASE

12. I of hereby claim from Underwriters subscribing to Policy Number and will accept from them in full release and satisfaction of this claim the amount of \$..... less the excess of \$.....
- 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.
- 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 horse. 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 willful and corrupt perjury.
- Taken and declared at _____
Date _____
Signature: _____



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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