

Transit Insurance Claim Form



- > Please read this Claim Form prior to answering. ALL questions must be answered as fully as possible.
- > Please enclose all original details of demands or repair estimates and any other documents that are relevant to this incident.
- > If there is insufficient room on this form to provide all the information please attach additional documents with any further information you feel may assist in processing your claim.
- > If you have any questions in relation to the completion of this Claim Form, please contact your insurance broker.
- > Please send the completed Claim Form, as soon as possible to your insurance broker.
- > Appointment of legal representation should not occur without the prior consent of Insurers.
- > You are reminded that in no circumstances should you admit any liability or make any offer of settlement or enter into any correspondence without prior consent from Insurers.

General Details

Policy Number:

Insured Customer Ref. (Optional):

Name of Company (Pty Ltd):

Email address:

Commencement of Transit:

Date of Loss:

Total Value of the Insured shipment including freight costs:

Were the Livestock in a good state of health prior to loading?	Yes	No
Was the animal walking on its own by bearing weight on all four legs?	Yes	No
Was the animal free from visible signs of severe injury or distress or conditions likely to further compromise its welfare during transport?	Yes	No
Was the animal strong enough to make the journey (i.e. not dehydrated or emaciated)?	Yes	No
Was the animal seeing well enough to walk, load and travel without impairment or distress (e.g. it's not blind in both eyes)?	Yes	No
Was the animal not in its late pregnancy or too young to travel?	Yes	No
Did the animal have access to water prior to loading to meet the maximum time off water standards?	Yes	No

Full details and description of the loss/event:

Accidental death during transit by road, rail or foot (heat stroke)

Accidental death during transit by road, rail or foot (hypothermia)

Accidental death during transit by road, rail or foot (suffocation)

Accidental death during transit by road, rail or foot (vehicle accident)

Slaughter for humane reasons due to injuries sustained in transit

Other:

Transit Insurance Claim Form *Cont.*

Total Shipment Value

Insured Value Excluding Freight Costs:

Total Freight Costs:

Estimated Claim Values

Type:	Quantity:	Cost per animal (\$):	Total (\$):
-------	-----------	-----------------------	-------------

Other

Other
Wandering off

Add - Agistment Charges

Add - Mustering Costs

Add - Removal of Debris,
Disposal and Authorities
Costs Losses

Add - Veterinary Costs

Add - Other

Total (Net Claim) = \$

Subject to adjusted Freight costs incurred for loss.

Claim Documentation

Please attach any relevant documentation to substantiate your claim.

Declaration

I/We hereby declare that:

- > That the information supplied on this Claim Form and Statement of Claim is true in every respect.
- > I/We understand that the claim may be refused if information is withheld, false, misleading or concealed.
- > That there was no other insurance covering this loss current at the date of this incident.
- > That any premiums owed to insurers for the claimed transits are/will be paid in full within the agreed credit terms.
- > I/We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings resulting from this claim.

Signature:

Name:

Position held:

Date:

Privacy Statement

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we can't properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, you can access a copy of our Privacy Policy on our website stockinsure.com.au or alternatively contact our Privacy Officer on **02 9998 8266**.

Returning Your Form

- | | |
|---|-----|
| 1. Have you signed the Privacy Statement & Declaration? | Yes |
| 2. Has each question in this Form been answered? | Yes |
| 3. Have you given complete, true and accurate answers to all relevant questions in this Form? | Yes |
| 4. Have you attached all necessary supporting documentation with this Form? | Yes |

Please check you have correctly filled out all sections and saved the document before submitting the form.

If you wish to return your form to Stockinsure via post, email or fax, please use the details provided below.

Contact Stockinsure

Stock & Stations Agents Co-Operative Limited t/as Stockinsure
ABN 41 591 406 189
admin@stockinsure.com.au | stockinsure.com.au
Level 13, 234 George Street, Sydney NSW 2001
P 02 9998 8266 | F 02 9998 8267