



A.I.S. Insurance Brokers Pty Ltd  
 ACN 065 797 597  
 ABN 36 543 825 719  
 AFS Licence No. 255304

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### Equine / Livestock Insurance Claim Form

**The provision of this form by A.I.S. Insurance Brokers Pty Ltd is not an admission of liability or acceptance by A.I.S. Insurance Brokers Pty Ltd of your claim.**

Proposer/s name in full: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you registered for GST: Yes      No      If Yes, ABN No \_\_\_\_\_ ITC Proportion \_\_\_\_\_

Postal address: \_\_\_\_\_

Phone number (Office Hours): \_\_\_\_\_ Mobile phone number: \_\_\_\_\_

Address where animal was kept: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

#### Description of animal Claimed (if insufficient space attach schedule)

Name	Breed	Brand & Colour

  

Sex	Date Born	Sum Insured
		\$

#### General Questions All must be fully answered (attach further details if insufficient space)

1. Date and time veterinary surgeon first attended? \_\_\_\_\_ AM / PM \_\_\_\_\_

2. Name and address of veterinary surgeon? \_\_\_\_\_

\_\_\_\_\_

Enclose a copy of the veterinary report, diagnosis & autopsy to this claim for the animal.

3. Type of Claim                                      Mortality/Theft                                      Loss of Use

4. Give the date and time that the animal died or was destroyed: \_\_\_\_\_ AM / PM \_\_\_\_\_

5. What was the current value of the animal at the time of occurrence and why? : \$ \_\_\_\_\_

\_\_\_\_\_

6. Give the date and place that the animal sustained the injury: \_\_\_\_\_  
 \_\_\_\_\_
7. Cause of illness or injury? \_\_\_\_\_  
 \_\_\_\_\_
8. Who was in charge of the animal at the time of the illness or injury? \_\_\_\_\_  
 \_\_\_\_\_
9. If illness or injury was caused by the apparent negligence of any person, give name, address, occupation and reason for you thinking so?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Was salvage obtained from the carcass, if so please enter amount and receipt? \$ \_\_\_\_\_
11. Give details of previous treatment or medication administered to this animal whilst in your possession?  
 \_\_\_\_\_  
 \_\_\_\_\_
12. Have you received livestock insurance payments before? If so please provide details? \_\_\_\_\_  
 \_\_\_\_\_
13. Was the animal, now the subject of this claim, insured elsewhere? \_\_\_\_\_  
 \_\_\_\_\_
14. Has any other person or company any financial interest in this animal? If so please give their name and address and state their interest.  
 \_\_\_\_\_  
 \_\_\_\_\_
15. Have you ever had:
- |    |                                     |     |    |
|----|-------------------------------------|-----|----|
| i  | any insurance claim declined?       | Yes | No |
| ii | any insurance Certificate declined? | Yes | No |

**Electronic Funds Transfer (EFT) details**

1. Do you want the benefit to be deposited directly into a financial institution account via EFT?    Yes            No
2. Name the account is held in: \_\_\_\_\_
3. BSB number (6 digits in total) \_\_\_\_\_
4. Financial institution account number (up to 9 digits only) \_\_\_\_\_
5. Financial Institution \_\_\_\_\_

## Privacy Consent

I consent to A.I.S. Insurance Brokers Pty Ltd:

- (a) Collecting and using my personal information for the purposes of administering my claim including investigating, assessing and paying any claim made by me or on my behalf. (If we do not collect this information we may not be able to process your claim.)
- (b) Disclosing my personal information to related entities of A.I.S. Insurance Brokers Pty Ltd, the insured (if not myself), other insurers and reinsurers, insurance reference bureaus, law enforcement agencies, investigators, lawyers, assessors, repairers, advisors and the agent of any of these, insurance broker, insurance agent or other intermediary, my employer or Financial Ombudsman Service Limited (FOS) for the purposes of administering my claim or providing a report.
- (c) I understand that a copy of the A.I.S. Insurance Brokers Pty Ltd privacy policy statement, including information about access, may be obtained by downloading a copy from A.I.S. Insurance Brokers Pty Ltd website [www.aisinsurance.com.au](http://www.aisinsurance.com.au) or calling 03 8699 8888.

Signed: X \_\_\_\_\_ Date \_\_\_\_\_

### Please submit your claim form and supporting documents to:

A.I.S. Insurance Brokers Pty Ltd  
P.O. Box 7660  
Melbourne VIC 3004

Email: [claims@aisinsurance.com.au](mailto:claims@aisinsurance.com.au)