



Livestock Transit

New Zealand – Claim form

Privacy

We need personal information about you to assess your claim. We will, where relevant, disclose your personal information to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose. We may also disclose personal information about you where we are required or permitted to do so by law.

The answers given to questions in this claim form may require further information to be requested and/or further investigations to be made by Zurich or parties appointed by them. This may include contacting the owner of the goods or livestock to obtain documentation to verify the amount and extent of the claim.

If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim.

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 Postcode

Contact name

Contact number/s

Email

2 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

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.....

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

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Please advise total number and type of stock consigned

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2 Claim information (continued)

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 NZ\$ 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 NZ\$ |
|------------------------------|-----------------|---------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| Total amount claimed | | NZ\$ |

3 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 Postcode

Overseas payment

Swift Code ABA Code Sort Code

4 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.

Signature of insured

Date / /