

Loss Notification Form

| | | | | | | |
|------------------------------|---------------------------------|------------------------------|------------------------------------|--------------------------------|---------------------------|----------------------------------|
| PRODUCT <i>(Tick)</i> | <input type="radio"/> Broadacre | <input type="radio"/> Cotton | <input type="radio"/> Horticulture | <input type="radio"/> Forestry | <input type="radio"/> FTV | <input type="radio"/> Greenhouse |
|------------------------------|---------------------------------|------------------------------|------------------------------------|--------------------------------|---------------------------|----------------------------------|

Please complete this form and fax it to **+61 3 8624 8499** or email **claims@pum.com.au**. Brokers can lodge claims quickly and efficiently by logging into our online system, PATH. You can access PATH via our website.

If you do not have access to a fax machine or email, contact Primacy on **+61 3 8624 8400**.

| INSURED NAME | | | |
|---------------|--|-----------------------|-------|
| Policy Number | | Contact Name | |
| Property Name | | Contact Mobile Number | |
| Shire | | Contact Phone Number | |
| Cause of Loss | | Contact Email | |
| Date of Loss | | Time of Loss | AM/PM |

| SHARE FARMER DETAILS (if applicable and known) | | |
|--|---------|---------------|
| Name | Insurer | Policy Number |
| | | |
| | | |

| PLEASE INDICATE DAMAGE TO ALL BLOCK(S) / FIELD(S) | | | | |
|---|-----------|-------------------------|------------------|------------------------------|
| Block / Field Name | Crop Type | Block / Field Area (ha) | Hectares Damaged | Estimated % Level of Damage* |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please provide a map of the property, indicating which area(s) have been damaged.

| REMARKS |
|---------|
| |

Please note: If a loss assessor has not contacted you within 48 hours to arrange an inspection, please contact us immediately.

| | | | |
|-----------|--|-------------|--|
| Signature | | Date Signed | |
|-----------|--|-------------|--|

| BROKER DETAILS | | | |
|----------------|--|--------------|--|
| Contact | | Firm | |
| | | Phone Number | |