

# LIVESTOCK

## INSURANCE CLAIM REPORT

## ABOUT YOUR CLAIM

- We will contact you as quickly as possible about your claim.
- For most claims we will check the circumstances and the amount of loss before we authorise payment.
- We need to handle everything related to the claim.
- Please refer to your policy booklet for more information about how your claim will be handled.
- If you have any questions about your claim, please contact CGU Insurance on 13 24 80 (13 CGU 0)

## HOW YOU CAN RESOLVE A DISPUTE WITH US

Our dispute resolution system is free and works like this:

1. Please advise the staff at your CGU Insurance office on 13 24 80 if you are dissatisfied with:
  - our decision on your claim,
  - our handling of your claim,
  - the services of our loss adjuster or investigator.
2. The staff member will try to resolve the problem.
3. If unable to resolve it, the staff member will refer it to the supervisor or manager for attention. A decision concerning your complaint will be made within 15 business days of receipt.
4. If this fails to resolve your problem, you may request that the problem be referred to our internal dispute resolution staff. They will investigate the dispute and try to reach a satisfactory outcome with you, normally within 15 business days of the date you requested a referral.
5. If you do not accept our decision, you may take the problem to the Financial Ombudsman Service (FOS), for an independent investigation. The FOS can assist with private consumer and some small business type claims.

The telephone number for the Financial Ombudsman Service is 1300 780 808.

**More detailed information about this process is available from your CGU Insurance office.**



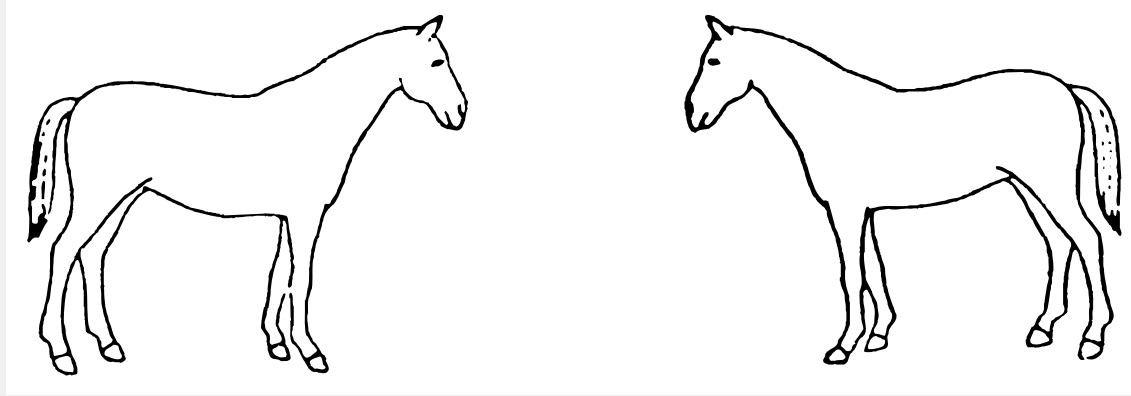
8. Are there any white markings or scars on the animal?

No  Yes



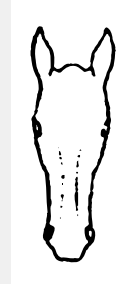
Sketch their positions on the diagrams below:

(Note: Show markings or scars that may be around the body or legs on both diagrams)



OFF SIDE

NEAR SIDE



9. Was the animal branded or tattooed?

No  Yes



Draw the brand and/or tattoo in the area below:

10. For what purpose was the animal being used?

11. Did you buy the animal?

Yes



From whom

Date

DD / MM / YY

Purchase price

\$

No



How was it acquired?

12. Has any other party a financial interest in the animal?

No  Yes



Name of the interested party

Address

Postcode

13. Has the animal suffered any previous illness or accident?

No  Yes



Nature of illness or accident

Date

DD / MM / YY

Name of person who attended

Qualifications

14. Has the animal been artificially inseminated or used for the collection of semen?

No  Yes   Over what period  The number of inseminations or collections

15. Is there any other insurance on the animal?

No  Yes   Name of the insurance company

16. Have you ever made a claim under a Livestock Policy?

No  Yes   Name of the insurance company

Type of claim	Date	Purchase price
<input type="text"/>	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY	<input type="text"/> \$

### Cause of loss details

17. Was the loss caused by:

a. Accident No  Yes   How did the accident happen

b. Illness or disease? No  Yes   State complaint

Date when first observed  DD /  MM /  YY

c. Casting or slipping? No  Yes   State the purpose of the operation

d. Operation? No  Yes   State the purpose of the operation

18. What treatment and care was given to the animal? (Note if no treatment state reason)

19. Were there any witnesses to the loss?

No  Yes   Witness('s) name(s)

Address

Postcode

20. Do you consider anyone contributed to the loss?

No  Yes   State your reasons

## Death Details

21. Indicate whether the animal -

a. Was found dead      No       Yes       When was it last seen alive?

Date

/   /

By whom?

When was it last seen dead?

Date

/   /

By whom?

b. Was destroyed      No       Yes       When was it destroyed?

Date

/   /

By whom?

c. Died under other circumstances      No       Yes       When did the animal die?

/   /

22. Where was the animal located at the time of death?

State address

Postcode

Location

## Loss of use details

23. When was it first noticed that natural service could not be performed?

/   /

Time

a.m.

p.m.

24. Where was the animal located at the time?

25. When was natural service last carried out?

/   /

State the number of:

a. Females offered

Last season

This season

b. Females served

Last season

This season

c. Successful pregnancies

Last season

This season

## Details of mare/cow

(Note: If you have lost a calf, substitute 'cow' and 'calf' for the words 'mare' and 'foal' shown below.)

26. Describe the mare as follows:

Stud book no.

Breed

Name (if applicable)	Age	Years
<input type="text"/>	<input type="text"/>	<input type="text"/>
Colour	Brand and markings	Value
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Sire	Dam	
<input type="text"/>	<input type="text"/>	

27. When was the mare due to foal?   /   /   When did the mare last foal or cast?   /   /

State the number of:

a. Mares in foal	Last season	This season
	<input type="text"/>	<input type="text"/>
b. Mares lost	Last season	This season
	<input type="text"/>	<input type="text"/>
c. Foals lost	Last season	This season
	<input type="text"/>	<input type="text"/>

### Veterinary details

28. State the name of the Veterinary Surgeon or other person who attended the animal

Name	Qualifications
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

29. When was the Veterinary Surgeon or other person requested to attend the animal?

/   /

30. When did the Veterinary Surgeon or other person first see or attend the animal?

/   /

31. When did the Veterinary Surgeon or other person last see or attend the animal prior to its death?

/   /

### 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/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance Limited in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at [www.cgu.com.au/privacy](http://www.cgu.com.au/privacy), including for processing this claim.

Signature of the insured or person with authority to sign for and on behalf of a company or partnership

Date

/   /

Please indicate the number of additional pages attached to this claim report

Answer questions by checking appropriate boxes and supplying other information requested

**IMPORTANT**

To support the insured's claim the treating Veterinary Surgeon **MUST** complete the Veterinary Certificate below and overleaf

### Particulars of owner and animal

1. State the owner's name

2. Address

 Postcode 

3. Describe the animal as follows

Type of animal	Breed	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>

Colour	Brands and markings
<input type="text"/>	<input type="text"/>

Age	Name
<input type="text"/>	<input type="text"/>

### Particulars of attendance and treatment

4. Are you the Veterinary Surgeon who usually attends the owner's stock?

No  Yes  State how long you have attended the owner's stock

5. When were you first consulted about the animal?

 /  / 

6. When did you first examine the animal?

 /  / 

7. How long do you consider the animal had been ailing before you attended?

8. Did you carry out a general physical examination of the animal?

No  State the reason


Yes  a. the nature of the illness or disability

b. your opinion of the animal's health, condition and conformation

c. whether the animal was well nourished



9. Has the animal been artificially inseminated or used for collection of semen?

No  Yes   State whether it contributed to the animal's death

10. Is the animal still alive?

Yes  No   Indicate whether the animal

a.  Died during treatment and the date of death

  /   /  

b.  was destroyed and the date it was destroyed

  /   /  

c.  was found dead and the estimated date of death

  /   /  

### Death details

11. Did you carry out a post mortem?

No   State the reason

State the probable cause of death

Yes   State the results

State the cause of death

12. Do you consider that the animal was properly cared for and that every endeavour was made to save its life?

Yes  No   State your opinion of what could have been done

### Examination for breeding soundness

13. State the results of your examination as follows

History of animal

14. Results of physical examination of the reproductive organs

15. Results of semen examination

Initial

Laboratory

16. Results of serving ability examination

[Empty text box for results of serving ability examination]

17. Is the animal permanently:

- a. impotent? No  Yes
- b. infertile? No  Yes
- c. incapable of natural service? No  Yes

What is the probability of specialised treatment or surgery being successful in alleviating the condition?

[Empty text box for probability of treatment]

18. If the animal is permanently incapable of natural service, do you consider it suitable for artificial insemination?

- No  Yes

19. Do you consider the loss of use was caused by

- a. Accident - caused solely and directly by violent, external and visible means (e.g. trauma)

No  Yes  Please describe

[Empty text box for description of accident]

- b. Environmental factors (e.g. terrain)

No  Yes  Please describe

[Empty text box for description of environmental factors]

- c. Management practices (e.g. show preparation or neglect)

No  Yes  Please describe

[Empty text box for description of management practices]

- d. Infection (e.g. after trauma)

No  Yes  Please describe

[Empty text box for description of infection]

- e. Genetic (e.g. conformation, inherited predisposition or disease)

No  Yes  Please describe

[Empty text box for description of genetic factors]

- f. Other than above (please specify)

[Empty text box for other causes]

**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.

Signature of Veterinary Surgeon

[Empty text box for signature]

Date

DD / MM / YY

Please indicate the number of additional pages attached to this claim report

[Empty text box for number of pages]

**When complete, please forward this form to us by:**

**Email - [claims@cgu.com.au](mailto:claims@cgu.com.au)**

**Post - CGU Insurance, GPO Box 2852 MELBOURNE VIC 3001 or send it to us via your Agent or Broker**

**Alternatively, claims can be lodged over the telephone 24 hours a day, 7 days a week by calling us on 13 24 80 (13 CGU 0)**



## CONTACT DETAILS

**Enquiries** 13 24 81

**Claims** 13 24 80

### Mailing address

GPO Box 9902 in your capital city

#### Sydney

388 George Street  
Sydney NSW 2000

#### Perth

46 Colin Street  
West Perth WA 6005

#### Melbourne

181 William Street  
Melbourne VIC 3000

#### Adelaide

80 Flinders Street  
Adelaide SA 5000

#### Brisbane

189 Grey Street  
South Bank QLD 4101



[CGU.COM.AU](https://www.cgu.com.au)



Insurer  
**CGU Insurance Limited**  
ABN 27 004 478 371  
AFSL 238291