

Farm Pack Claim Notification

Intermediary Details

farmclaims@ruralaffinity.com.au

Contact Name Phone/Email

Insured Details

Policy No Insured Name

Insured's contact name

Insured's address

Phone Fax

Email Mobile

Location Details of Occurrence

Name of farm(s) damaged

Nearest town Distance & Direction

If Occurrence not on-farm, description of the location (nearest town, distance & direction)

Occurrence Details

Type of Occurrence Motor Property Motor & Pumps Liability

Date of Occurrence Time of Occurrence AM PM

Description of Occurrence

Repair Costs

Have you obtained any quotes for the repair costs? Yes No

If Yes, please provide the repairer's or builder's details

Quote of repair costs (if known)