CROP
CLAIM NOTIFICATION

INSURANCE FACILITATORS

Please return to: claims@if.net.au

Insured Name		Policy no.	
Farm Name		Crop Type	
Address		State	Post Code
Contact Person			
Telephone	Email	Facsimile	
Date of loss	Time of loss		
Date of notification	Time of notification		
Type of loss	Hail ☐ Fire ☐ O/Spray ☐ Other ☐		
Circumstances of loss			

Please list effected Paddocks/Fields

Paddock / Field Name	Variety of Crop	No. of Hectares	Severity*

*(L) Low (M) Medium (H) High