

FARMSURE INITIAL CLAIM NOTIFICATION



INSURANCE
FACILITATORS

Please return to: claims@if.net.au

Insured Name _____ Policy no. _____

Farm Name _____

Address _____ State _____ Post Code _____

Contact Person _____

Telephone _____ Email _____ Facsimile _____

Date of loss _____ Time of loss _____

Date of notification _____ Time of notification _____

Type of loss Property Motor Liability Other

Circumstances of loss