INSURANCE FACILITATORS Pty Ltd

CLAIM LODGEMENT NOTIFICATION

Crop Type

Client Name | Policy No

Farm Name

Address

State | Postcode

Contact Person Details:

Surname | First Name

Owner | Manager | Other

Telephone | Facsimile

Mobile

Date of Loss | Date of Notification

Time of Loss | Time of Notification

Type of Loss | Frost | Hail | Other

Circumstances of Loss:

Please list effected Paddocks/Fields

Paddock/Field Name	Variety of Crop	No of Hectares

Client Bank Details (for Direct Debit)

Bank Account Name

BSB Number | Account Number