

FORESTRY CLAIM NOTIFICATION



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	Fire <input type="checkbox"/>	Windstorm <input type="checkbox"/>	Other <input type="checkbox"/>
Circumstances of loss			

Please list effected Blocks

Forest Name	Block Name	Total Hectares	Loss Area (Ha)