

AGRICULTURAL INCOME PROTECTION INSURANCE PERIL NOTIFICATION

IMPORTANT NOTICE: NO CROPS ARE TO BE ABANDONED OR PUT TO AN ALTERNATIVE USE WITHOUT THE PRIOR WRITTEN CONSENT OF ASSETINSURE.

FAILURE TO OBTAIN WRITTEN CONSENT MAY PREJUDICE YOUR CLAIM

This form is to notify Assetinsure of a peril event (as defined*) that may impact the revenue insured under the policy number detailed below. It does not constitute an admission of liability on behalf of Assetinsure.

Please complete this form as soon as possible following the occurrence of a peril event (as defined *) and send by email to AIPclaims@assetinsure.com.au or by post to AIP Claims c/- Assetinsure Pty Ltd, PO Box R299, Sydney NSW 1225

(*) Defined Perils:

Water Stress, flood, hail, wind, frost, lightning, excessive rain, temperature stress, snow, cyclone, tornado, wildlife, Wandering Livestock, Aerial Overspray, accidental fire, bushfire, insect or pest manifestation, Weed Infestation or plant disease.

Policy Number: _____

Farm name: _____

Insured name: _____

Address: _____

Phone number: _____ **Email:** _____



Based on initial inspection of fields in the affected area, the approximate damage from the peril event/(s) is estimated as follows:

Peril (* As defined)	Date and time of Event	Affected Crops	% of revenue Loss	% of area affected	Location of Damaged Land (Paddock Name)

A Loss Notification may be submitted after the fields have had time to recover and an assessment of how well the plants have recovered has been made.

Signed by authorised representative of corporation/farm named above:

Date form completed:

COMPLAINTS AND DISPUTE RESOLUTION

Assetinsure provides an internal claim and dispute resolution process should a dispute or complaint occurs.

This process is outlined on our website www.assetinsure.com.au/interest.asp.

For details contact Assetinsure's Compliance Manager at Assetinsure Pty Ltd, 44 Pitt Street, Sydney 2000, by email on complaints@assetinsure.com.au or by calling (02) 9251 8055.



PRIVACY POLICY

The information collected in this form will be used to assess your insurance claim and to provide other insurance services in accordance with our Privacy Policy. We may share your information with third parties, both in Australia or overseas, as defined in our Privacy Policy in connection with providing these services.

If you do not complete this form in full we may not be able to pay your claim.

In accordance with our Privacy Policy you may access any information we hold about you.

If you would like to contact us about Privacy or would like to obtain a copy of our Privacy Policy you can use one of the following means.

Online at: http://www.assetinsure.com.au/ssl/cms/files_cms/AIPrivacyPolicy.pdf

By phone on: 02 8274 2898

By email to: privacy@assetinsure.com.au

By letter to the Privacy Manager at: Assetinsure, 44 Pitt Street, Sydney, NSW 2000

In signing this form you expressly consent to us using your personal information in accordance with our Privacy Policy.

GENERAL INSURANCE CODE OF PRACTICE

Assetinsure has adopted the General Insurance Code of Practice which stipulates minimum standards of service to our clients. If you would like further information in regard to the Code of Practice please refer to the Code of Practice website - www.codeofpractice.com.au or our own website - www.assetinsure.com.au/interest.asp