primacy

Primacy Underwriting Management Pty Limited

ABN 87 070 058 212 AFS Licence 237271 as an agent for the insurer

Allianz Australia Insurance Limited

ABN 15 000 122 850 AFS Licence 234708 Level 5, Rialto South Tower, 525 Collins Street, Melbourne, VIC 3000

Loss Notification Form

Phone (03) 8624 8400 Email claims@pum.com.au www.pum.com.au

PRODUC1	「(Tick)	O Broadacre	O Cotto	on O Hor	ticulture () Forestry	/ O F	TV		
					rs can lodge cl	aims quick	kly and eff	ficiently thro	ugh our Broker online	
		roker online portal								
		email, contact Prim	nacy on (0	<i>13)</i> 8624 8400.						
INSURED Policy Number					Contact Nar	20				
Policy Number Property Name					Contact Mol		or			
Shire					Contact Phone Number					
Cause of Loss					Contact Emo		=1			
					Time of Loss	ліt		AM/PM		
Date of Loss					Time of Loss		AMITM			
SHARE FA	RMER DETA	AILS (if applicable	and know	vn)						
Name		Insurer					Policy Number			
PLEASE IN	NDICATE DA	MAGE TO ALL E	BLOCK(S)/FIELD(S))					
Block / Field Name		Сгор Туре		Block / Field Area (ha)		Hectares Damage		2G I	imated % Level of Image	
Please provide	e a map of the p	property, indicating	which area	a(s) have been	damaged.					
REMARKS	5									
Please note:	If a loss assess	or has not contacte	ed vau wit	hin 48 hours to	o arranae an i	nspection	please co	ontactus imr	mediately.	
Signature		on as not contact.			Date Signed		 	made as min		
BROKER I	DETAILS									
Contact			Firm				Phone I	Number		
Signature		or has not contacte	ed you wit	hin 48 hours to			please cc	ontact us imr	mediately.	
	DETAILS		Firm					Phone	Phone Number	

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