

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 PO Box 16142, Collins Street West VIC 8007 **Phone** (03) 8624 8400

Email claims@pum.com.au www.pum.com.au

Loss Notification Form

PRODUCI	(TICK)	O broddacre	O Colli	ווכ				
	ete this form ar line portal via (s@pum.c	om.au. Broker	s can lodge cl	aims quicl	kly and efficiently	/ through Pulse. You can access
f you do not h	nave access to	email, contact Prim	acy on (0	3) 8624 8400				
INSURED	NAME							
Policy Number			Contact Name			ne		
Property Name				Contact Mobile Numb		er		
Shire	hire				Contact Phone Number		er	
Cause of Loss						ıil		
Date of Loss				Time of Loss			AM/PM	
SHARE FA	RMER DETA	NLS (if applicable o	and know	/n)				
Name			Insurer				Policy Number	
PLEASE IN	IDICATE DAI	MAGE TO ALL F	FIELD(S))				
Field Name C		Crop Type		Field Area (ha)		Hectares Damaged		Estimated % Level of Damage
Please provide	e a map of the p	property, indicating v	which area	a(s) have been	damaged.	'		
REMARKS								
Please note:	If a loss assess	or has not contacte	d you wit	hin 48 hours to	o arrange an ir	nspection,	please contact ı	us immediately.
Signature			,		Date Signed			
BROKER [DETAILS							
Contact			Firm				Phone Numbe	er

Powered by **Allianz**