

# *Millennium*

Underwriting Agencies

## *Farm Declaration of Loss Form*



Millennium Underwriting Agencies Pty Ltd  
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PO Box 309 Kent Town SA 5071  
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## Farm Declaration of Loss Form

### Claims Procedure

This claim form is to be completed when Your Property has been lost, damaged, stolen or destroyed. It may be necessary for You to arrange urgent temporary repairs to protect Your Property.

It is necessary for You to complete all Sections of this claim form. Please answer all parts of the appropriate questions relevant only to the type of claim that You are lodging. If there is insufficient space provided for any information requested or to be supplied, please supply these details on a separate sheet and attach to the claim form.

Please attach (or promptly supply) where possible the original repair invoice or quotations with this completed form as well as any notices to the Police for Property lost or stolen or any Malicious Damage.

On receipt of the above We will assess and administer Your claim in accordance with Your Policy. We will also keep You informed of any other requirements should they be required and we will keep you advised on the progress on the processing of Your claim. If You have any queries on any of the information required on this form, please do not hesitate to contact Your Authorised Representative or Broker or Millennium Underwriting Agencies Pty Ltd.

### Privacy

Millennium Underwriting Agencies Pty Ltd respects your privacy and complies with the Privacy Act and the Australian Privacy Principles. A copy of our Privacy Policy is available at [www.millennium.com.au](http://www.millennium.com.au)

### Complaints Procedure

If you do not agree with any decision we make in relation to the Policy, please write to us stating what you disagree with and why.

We will then resolve or attempt to resolve your complaint immediately, or we will refer the matter to our Internal Dispute Resolution Committee (IDRC). If you are not satisfied with a decision by the IDRC, the matter may be referred to an independent dispute resolution body, Financial Ombudsman Service (FOS), provided the matter falls within their jurisdiction.

Financial Ombudsman Service (FOS)  
Freecall 1300 78 08 08  
Post: GPO BOX 3, Melbourne Victoria 3001  
Website: [www.fos.org.au](http://www.fos.org.au)  
Email: [info@fos.org.au](mailto:info@fos.org.au)

The Insurance Contracts Act 1984 (as amended) requires you to provide all information which your insurer may reasonably require, and stipulates that any omission may adversely affect the cover under your Policy.

If you would like more information on your Duty of Disclosure (or any other aspect), please contact your Authorised Representative, Broker or Millennium Underwriting Agencies Pty Ltd

### Client Details

Name of Insured:

Due Date:

Agent/Broker:

Policy Number:

## Client Details *(continued)*

Address:

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Contact Person:

Contact Number:

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Email:

Occupation:

Are you registered for GST purposes?:

What is your ABN?:

Yes  No

Have you claimed, or are you entitled to claim an input tax credit on the GST component of the premium applicable to this policy?:

Yes  No

If yes, will you be claiming an amount less than 100%?:

If yes, specify amount claimed (%):

Yes  No

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?:

Yes  No

If yes, will you be claiming a tax amount less than 100%?:

If yes, specify tax amount claimed (%):

Yes  No

## Claim Details

When did the loss occur? (e.g. At 8pm, on Saturday the 14th day of October):

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Address of premises where loss or damage occurred:

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For what purpose are the premises occupied?:

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Nature of loss: e.g. fire, burglary, storm etc?:

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Exactly how did the loss occur?:

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**Claim Details (continued)**

Does any person other than the insured have an interest in the property?:

Yes  No

If yes, state the type of interest:

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Have temporary repairs been completed? If so, please outline by whom, when and the nature of temporary repairs:

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Are you the sole owner of the lost or damaged property?:

Yes  No

If no, state the details of the property & owner:

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Was there any other insurance existing on or extending to the property claimed for at the time of the loss or damage?:

Yes  No

If yes, please give details:

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If other insurance applies, has a claim been lodged against that policy?:

Yes  No

How was the loss or damage discovered?:

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Who discovered the loss or damage?:

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On what date and at what time was the loss or damage discovered?:

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Do you know who caused the loss or damage?:

If yes, please provide details:

Yes  No

Was the matter reported to the police?:

If yes, when and at what station?:

Yes  No

Police Report Number:

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## Claim Details *(continued)*

Have you made any claims under a home or property insurance policy in the last five years?:

Yes  No

If yes, please provide claim details:

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## Damage to Building

Particulars/outline of damage:

Name of repairer:

Repair/claiming amount:

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Total Amount Claiming:

\$

## Loss or Damage to Other Property

**1**

Description of Property:

Where/When Purchased:

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Proof of Purchase/Ownership:

Price Paid:

Claiming:

\$

\$

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**2**

Description of Property:

Where/When Purchased:

---

Proof of Purchase/Ownership:

Price Paid:

Claiming:

\$

\$

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**3**

Description of Property:

Where/When Purchased:

---

Proof of Purchase/Ownership:

Price Paid:

Claiming:

\$

\$

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**4**

Description of Property:

Where/When Purchased:

---

Proof of Purchase/Ownership:

Price Paid:

Claiming:

\$

\$

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## Loss or Damage to Other Property (continued)

5

Description of Property:

Where/When Purchased:

Proof of Purchase/Ownership:

Price Paid:

Claiming:

\$

\$

### Replacement Total

Amount:

\$

## EFT Details

Account Name:

Name of Bank:

Branch:

BSB Number:

Account Number:

## Declaration

I/We solemnly and sincerely declare:

That the information supplied on this Claim Form and Statement of Claim is true in every respect.

1. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed.
2. That there was no other insurance covering this loss current at the date of this incident.
3. I/We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings resulting from this claim.

## Submission

- By ticking this box, I acknowledge this declaration and acknowledge that the information I have supplied to be true and accurate to the best of my knowledge.

Please print name:

Signed:

Date:

/ /

Please complete and return this form to:

Millennium Underwriting Agencies Pty Ltd  
PO Box 309 Kent Town SA 5071