

# FORESTRY CLAIM NOTIFICATION



Please return to: [claims@ifnz.co.nz](mailto:claims@ifnz.co.nz)

Insured Name \_\_\_\_\_ Policy no. \_\_\_\_\_

Forest Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ Facsimile \_\_\_\_\_

Date of loss \_\_\_\_\_ Time of loss \_\_\_\_\_

Date of notification \_\_\_\_\_ Time of notification \_\_\_\_\_

Type of loss      Fire                       Windstorm                       Other

Circumstances of loss \_\_\_\_\_

Please list effected Blocks

Forest Name	Block Name	Total Hectares	Loss Area (Ha)