

# 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)