

Farmers Own Loss of Milk Claim Form

Please complete the following sections and return to Cornish Mutual. The settlement of a valid claim will be made on the basis of your Policy wording.

For office use only

Ref no.

1. Your Details

Please fill in this section for all claims

Your Member reference number or your Policy number:

Name:

Address:

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Postcode:

Home telephone:

Business telephone:

Email:

Date of birth:

Can you recover VAT for this claim?

Yes No

If the insurance is in the name of more than one person to whom should we make any claim payment?

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2. About your claim

Please fill in this section for all claims

Did the loss of your own milk arise from:

The inability to collect milk due to adverse weather conditions?

Yes No

If 'Yes' please give the date(s) below of all the failed milk collections.

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The mechanical or electrical breakdown of a Bulk Milk Tank(s)?

Yes No

If 'Yes' please give the date(s) when the breakdown(s) occurred.

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The unforeseen failure of the public electricity supply?

Yes No

If 'Yes' please give the date(s) below when the failure(s) occurred.

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The accidental contamination of the stored milk?

Yes No

If 'Yes' please give the date(s) of the milk collection(s) or failed/refused milk collection(s)

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If 'Yes' was the contamination caused by an Independent Contactor or an Employee of an Independent Contractor?

Yes No

If 'Yes' please provide details of the Independent Contractor/Employee and state any reasons why you may blame them for causing/allowing the contamination.

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Our commitment to you

As a mutual organisation we are member-centred and seek to give a high level of service at all times.

We want to make sure that claims are treated fairly and settled promptly and ensure that our customers are provided with clear guidance on the claims process and where relevant why a claim is rejected or not settled in full.

We aim to respond to a received claim in five business days or less.

We will do everything possible to deal with your claim to your satisfaction but if any problems do occur please write to the Managing Director, Cornish Mutual, CMA House, Newham Road, Truro, TR1 2SU, Tel: **01872 277151** Fax: **01872 263032** or email **claims@cornishmutual.co.uk**

Please use this box to make notes for your own records

Please detach this section and keep for your records

How to complete this claim form

Please read this section and the information overleaf, detach and keep for your records.

Before completing your claim form please take a moment to read through the information below.

It is important that you do not delay returning your claim form as failure to do so could affect the claim process.

If you have information to support your claim please include it when you return this form. If you are waiting for information please return the claim form first and send on the supporting information at a later date. This will enable us to start processing your claim as soon as possible.

Please help us to deal with your claim efficiently either by quoting your Member reference number or your Policy number on all correspondence and or Cornish Mutual's Claim Reference when issued.

If you need more space to answer a section of the form please supply this on a separate piece of paper quoting your Member reference number.

If you have any queries regarding how to complete your claim form please do not hesitate to contact the Member Services Tel: 01872 277151, Fax: 01872 263032 or email claims@cornishmutual.co.uk

When corresponding with us by email please note that proof of sending an email does not mean we have received it. Please ensure that we have acknowledged receipt of your email and contact the claims department on the numbers above if an acknowledgement is not received.

How to return this claim form

When you have completed this claim form please attach any supporting information and send it to the

Member Services,
Cornish Mutual,
CMA House,
Newham Road,
Newham,
Truro TR1 2SU.

As soon as we receive your claim form we will start processing your claim.



The Cornish Mutual Assurance Co Ltd
Registered office: CMA House, Newham Road,
Newham, Truro TR1 2SU. www.cornishmutual.co.uk

Tel 01872 277151
Fax 01872 263032
Email claims@cornishmutual.co.uk

This claim form is liable to alteration from time to time September 2010 – cancelling all previous issues.
To help us improve our service, calls to our office may be recorded and monitored.

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