



INSURANCE CLAIM FORM (PROPERTY)

Parish / Entity making the claim

Name of Parish: _____

Name of contact: _____

A.B.N.: _____ Phone: _____

Registered for GST Yes Mobile: _____

No Email: _____

Address where loss occurred

Building name: _____

Building address: _____

Details of loss

Date of Loss: _____ Nature of loss: Theft Fire Glass

_____/_____/_____ Malicious damage Flood/storm Other

Full description of loss (including how it occurred and method of entry for burglary)

Was another person responsible for the loss (in full or in part)?

Yes Why? _____

No Name: _____

Address: _____

Contact details: _____

Have the Police been notified?

Yes Which station? _____

No Reference Number _____

Please attach a copy of the "Letter to Victim".

What steps have been taken to avoid a similar loss occurring in the future?

Total claim as a result of this loss

Please attach copies of invoices or quotations supporting these amounts.

Item (Make Model etc)	Value Ex GST \$	Supplier	Paid (Yes/No)

I declare that all the information provided is true and correct.

Signature: _____

Name: _____

Position: _____ Date: ____ / ____ / ____

Additional Information

The completed form and supporting documents should be returned to the Registry Office.

If you require any assistance in completing this form please contact us at the Registry Office.

Completion of this form does not guarantee payment of the insurance claim.

Any payment is subject to the acceptance of the claim by the insurer under the terms of the insurance policy.

Depending on the value of the claim the insurer may appoint an assessor to inspect the claim site. To facilitate this possibility all incidents should be reported promptly after they identified even if it is not yet clear whether there has been any loss.

The parish should not attempt to clean up the site or start any repairs before the police have completed their investigation (if appropriate), the assessor has completed their inspection and the insurer has approved for work to commence. The one exception are essential works to make the site safe and/or secure. In this case please ensure that photos are taken of the site before works are commenced and these are retained for the insurer.

Office Use Only	By:	Date:		\$
Claim received	_____	_____	Total	_____
Sent to ANIP	_____	_____	Parish	_____
Claim Number		_____	Diocese	_____
Approved		_____	Insurer	_____