

# Property

## Claim Form

Claim Number \_\_\_\_\_  
(office use only)

### How to Get Quick Action on Your Claim

We will act on your claim as soon as we receive this form. You can help us to act quickly for you by:

- ◆ Reporting incidents of theft (or attempted theft), malicious damage and loss of personal valuables to the police;
- ◆ Attaching the report or attendance card given to you by the police;
- ◆ Supplying supporting documentation verifying ownership of property, eg: receipts, valuations, warranty certificates;
- ◆ Supplying any repairers', or suppliers' quotations;
- ◆ Completing all relevant sections of this claim form;
- ◆ Attach letter from your power supplier and/or telecommunications company to confirm loss by power surge or lightning.
- ◆ Taking photos of any damaged property for us to inspect;
- ◆ Taking all reasonable steps to safeguard the damaged property so that no further damage occurs

If you require any help in completing this form, please contact your local State BIS contact.

IF THERE IS INSUFFICIENT SPACE FOR ANSWERS PLEASE ATTACH FURTHER DETAILS.

### Client Details

Organisation or company name

Baptist Union of Australia & Others

Title

Surname

Given name/s

Address

Ground Floor, 1193 Toorak Road

Camberwell

Postcode 3124

## Situation of Loss

Name of Insured

Church/School/Org name:

Address

Postcode

Contact Person

Phone: Work

Home

Mobile

Fax

Email

For GST registered businesses, what is your ITC%

## Policy Details and Excess

Policy number

16 ISR 163512

Period of cover

**30/9/2019 to 30/9/2020**

## Description of Incident

This claim form is intended to be used for a variety of losses.

Please complete all those questions which relate to your category of loss or damage.

Date of incident

Time

 am/pm

Location address

Give full details of how the loss or damage occurred

  
  

Where did it happen? (library, admin, church, hall, gym or other)

Give details of glass broken (doors, windows, shelf etc) and state the number of panes broken

## Police Report

Was the incident reported to the Police?

☐ Yes ☐ No

If yes, please tell us

Police station

Crime report number

Name of Police Officer

*Attach the report or attendance card issued to you by the Police.*

## Ownership Details

Are you the owner of the property lost or damaged?

☐ Yes ☐ No

If no, who does own the lost or damaged property?

Owner's name

Owner's address

Postcode

Phone

Mobile

Fax

Email

## Other Insurance

If there is other insurance on the property for which a claim is being made, please tell us the:

Name of the insurance company

Type of insurance

Policy number

Period of cover

 /  /  to  /  / 

## Responsibility of Another Person

Do you think that another person (or company) is responsible for the loss or damage you have suffered?

☐ Yes ☐ No

If you have answered YES, please state the name and address of that person or company:

Name

Address

Postcode

Insurance company

Claim number

Why do you think this person or company is responsible?


If a motor vehicle was involved please tell us:

Make of vehicle

Registration number

## Fusion/Burnt out Electrical Motor Claims Only

Type of appliance

Make and model of appliance

Date of purchase

 /  / 

and/or age of motor

*Ask the repairer to show, on the account, the cause of the damage and separate figures for the cost of Motor repairs and parts & Labour, re-gas and travelling*

## Spoilage of Food

If you are claiming for loss/spoilage of food in the refrigerator or freezer, please attach a detailed list of the food showing the cost price per item.

Please advise storage capacity of unit

## Must be completed for all claims

Description of property stolen, lost, damaged or destroyed	Model number	Age or date of purchase of property	Original purchase cost	Amount claimed
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

If there is insufficient space please attach further details

## Payment

If you would like the claims settlement to be paid via EFT into your account, please complete your details below

Account name

Bank

Branch

BSB number

Account number

## Privacy

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information. Our Privacy Policy explains how we collect, use, disclose and handle your personal information as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs. A copy of our Privacy Policy is located on our website at [www.ccinsurance.org.au](http://www.ccinsurance.org.au)

## General Insurance Code of Practice

CCI is a signatory to the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry. Further information about the Code can be obtained from [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

## Complaints and Dispute Resolution

If you are unhappy with our service, a decision or the process, you may make a complaint in accordance with our complaints handling procedure. Details of our insurance complaints handling procedure can be obtained from our website at [www.ccinsurance.org.au](http://www.ccinsurance.org.au)

## Declaration

I wish to make a claim under the policy as detailed in this claim form.

I declare that:

- ◆ The amount I am/we are claiming is no more than the amount of my loss;
- ◆ To the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information;
- ◆ I consent to Catholic Church Insurance Limited using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however Catholic Church Insurance Limited may not be able to process my claim;
- ◆ I consent to Catholic Church Insurance Limited disclosing my personal information to other insurers, an Insurance Reference Service, reinsurers, claim investigators, assessors, legal professionals or as required by law. I consent to Catholic Church Insurance Limited also disclosing my personal information to and / or collecting additional information about me, from investigators or legal advisors.

Signed

Date (dd/mm/yyyy)

 /  / 

Please print name

**Upon completion of the claim form please  
return to your local State BIS contact:**