TASMANIA DIOCESAN INSURANCE FUND

###### PO BOX 748 HOBART TAS 7001

**TELEPHONE: (03) 6220 2019 FAX: (03) 6223 8968**

**PROPERTY INSURANCE CLAIM FORM**

**PLEASE RETURN THIS FORM DIRECT TO THE DIOCESAN REGISTRY**

|  |  |  |
| --- | --- | --- |
| NAME OF PARISH / DIOCESAN ENTITY |  | CLAIM NO: |
| ADDRESS |  | Excess: |
| $ |  |  |

A.B.N.………………………………… GST registration: Yes No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| BUSINESS PHONE NO. | | PRIVATE PHONE NO. | | FAX NO. | | |
|  |  | |  | |  |  |

E-MAIL ADDRESS

|  |  |
| --- | --- |
| DETAILS OF | BUILDING NAME: |
| CLAIM |  |
| LOCATION | BUILDING ADDRESS: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE OF LOSS | NATURE OF LOSS | [ ] BURGLARY | [ ] ACCIDENTAL DAMAGE | [ ] FIRE |
|  |  | [ ] MALICIOUS DAMAGE | [ ] GLASS | [ ] OTHER |

IF OTHER, PLEASE SPECIFY:

|  |  |
| --- | --- |
| FULL DESCRIPTION  OF LOSS & HOW IT  OCCURRED |  |
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| --- | --- | --- | --- | --- |
| WAS ANOTHER PERSON RESPONSIBLE FOR THE | [ ] NO | [ ] YES | IF YES: | NAME AND ADDRESS OF THE PERSON RESPONSIBLE |
| LOSS OR DAMAGE TO YOUR PROPERTY? |  |  |  |  |
|  |  |  |  |  |
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| --- | --- |
| IF BURGLARY,  WHAT WAS THE  METHOD OF  ENTRY? |  |
|  |
|  |

PLEASE COMPLETE DETAILS

|  |  |
| --- | --- |
| HAVE THE POLICE BEEN NOTIFIED? | WHICH STATION? |
| [ ] NO [ ] YES |  |

|  |
| --- |
| WHAT STEPS HAVE BEEN TAKEN TO ENSURE SAME TYPE OF LOSS DOES NOT RECUR? |
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|  |
|  |

**ENSURE THAT DETAILS ON PREVIOUS PAGE ARE CORRECT BEFORE SIGNING BELOW**

**I DECLARE THAT ALL THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT**

NAME (PLEASE PRINT):

SIGNATURE OF CHURCH

SECRETARY, TREASURER,

OR ADMINISTRATOR:

DATE:

***PLEASE ATTACH COPIES OF QUOTATIONS OR INVOICES FOR REPAIR OR REPLACEMENT***

LIST BELOW ALL ITEMS FOR WHICH YOU ARE CLAIMING

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DESCRIPTION OF PROPERTY LOST DAMAGED OR DESTROYED** | **MODEL NUMBER** | **QUOTED REPLACEMENT VALUE OF ITEM EXCL GST** | **QUOTING COMPANY** | **ADDITIONAL INFORMATION** |
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