



SPECIALISED
INSURANCE

CHURCH AND CHURCH MISSIONS

Employment Disputes Claim Form

Name of Insured:

Policy Number:

Postal Address:

Post Code:

Contact Name:

Phone:

Limit of indemnity: Excess:

Policy insurance period from: to:

Employee Details

Employee name:

Employed position:

Nature of Problem

Under whose advice are you proceeding:

.....
Please confirm the events giving rise to the employment problem:

Please attach copies of supporting documentation, such as:

- employment contract
 - what process is being followed and the possible outcome
 - any supporting documents and correspondence.
-

Current Position of the Problem

Please provide all relevant documentation including emails.

Relevant Dates

Date accident/incident giving rise to this employment problem:

Date complaint and grievance first made:

Date you, the insured, became aware of the possible grievance:

Estimated Costs

Estimated amount of any personal grievance:

Declaration/Pursuant to the Privacy Act 1993

I/We declare the information given is complete, accurate and correct to the best of our knowledge.

- This claim form collects information about you.
- It authorises the disclosure of personal information to other parties.
- The information gathered is to evaluate your claim.
- You agree to give more information that may be required to evaluate your claim.
- You agree that the claim information will be stored by Bureau Specialised Insurance Agency Limited.
- The collection of this information is required as per the terms of your insurance policy, failure to provide may result in your claim being declined.
- I/we understand we have certain rights of access and correction of this information, subject to the provisions of The Privacy Act 1993.

Signed: Position:

Full name:

Date: