



SPECIALISED
INSURANCE

CHURCH AND CHURCH MISSIONS

General Liability Claim Form

Name of Insured:

Policy Number:

Postal Address:

Post Code:

Contact Name:

Phone:

Please note:

- Any claim must be notified to Bureau Specialised Insurance Agency Limited immediately.
- Failure to provide any information could result in your claim not being accepted by Bureau Specialised Insurance Agency limited.
- You must not incur any expenses without written consent by Bureau Specialised Insurance Agency Limited.
- Please retain any damaged items for inspection if required.

Claim Information

Date of claim: Time of claim:

Location/Address of accident:

Do you have a Parent Company or Subsidiary at this location? ☐ Yes ☐ No

If yes, please provide details:

Details of Claim/Accident

Please provide full details of the claim:

When did you become aware of the claim?

Were there any witnesses? ☐ Yes ☐ No

If yes, please provide details, including their full name, address and contact details:

Who do you believe is responsible for the accident and why?

If you believe another party is responsible besides yourself, are they insured? ☐ Yes ☐ No ☐ Unsure

Property Damaged

Please provide full details of the property damaged:

Was the property in your care, custody and control? ☐ Yes ☐ No

Have you or any of your employees admitted liability? ☐ Yes ☐ No

Has any third party admitted liability? ☐ Yes ☐ No

Who owns the property?

Was the damaged property insured? ☐ Yes ☐ No ☐ Unsure

Has anything been done to reduce the damage? ☐ Yes ☐ No

If you have answered yes to any of the above, please provide details:

The Claimant

Has any claim been made against you? ☐ Yes ☐ No

If yes, please provide details below:

Name of claimant:

Phone:

Address:

Is the claimant related to you in any way? ☐ Yes ☐ No

If yes, please provide details:

Declaration/Pursuant to the Privacy Act

I/We declare the information given is complete, accurate and correct to the best of our knowledge and no information relevant to this claim has been omitted.

- This Claim form collects information about you.
- It authorises the disclosure of this 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 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.

Signed: Position:

Full name:

Date: