



SPECIALISED  
INSURANCE

CHURCH AND CHURCH MISSIONS

## Property Damage Claim Form

Name of Insured:

Policy Number:

Postal Address:

Post Code:

Contact Name:

Phone:

Type of Policy:  Expiry Date:

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### Details of Damage/Loss

Date of loss:  Time of loss:

Nature of loss (Describe how the loss occurred):

Address of where the event happened:

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### Claim Information

Was another person responsible for causing the damage/event? ☐ Yes ☐ No

If yes, please provide details of person responsible (if known):

Name:

Phone:

Email address:

Address:

Has the event been reported to the Police? ☐ Yes ☐ No

If yes, please attach the Police report to the claim form and provide details below.

Date reported to the Police:

Name of Policeman:

Contact Number:

Police reference number:

.....  
Please confirm if there are any interested parties, ie. mortgagee, bank, finance company:

.....  
Claims History: Have you had an insurance loss or made a claim in the last five years? ☐ Yes ☐ No

If yes, please provide details:

.....  
Were the premises occupied at the time of loss? ☐ Yes ☐ No

If theft/burglary, how was entry to the premises gained, and was any damage caused?

.....  
Has any arrest been made in relation to the claim? ☐ Yes ☐ No

If yes, please provide details:

.....  
Are you the sole owner of the property stolen or damaged? ☐ Yes ☐ No

If no, please provide details:

[illegible]

- Please retain damaged goods in case inspection is required.
- Please include with your completed claim form, quotations for replacement and or repair costs of the items damaged.
- Please include where possible, proof of ownership and other supporting documents such as quotations of items damaged.

**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 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 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.

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Signed:  Position:

Full name:

Date: