



SPECIALISED  
INSURANCE

CHURCH AND CHURCH MISSIONS

## Statutory Liability and Employers Liability Claim Form

Name of Insured:

Postal Address:

Post Code:

Phone:  Mobile:

Email:

Policy insurance period from:  to:

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### Policy Details

Policy type: ☐ Statutory Liability ☐ Employers Liability

Limit of indemnity:

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### Third Party Details

Claimant details:

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Is the claimant related to you in any way or do they have a direct or indirect financial interest in you?

☐ Yes ☐ No

If yes, please provide details:

## Details of Claim and Relevant Dates

Please confirm date first known of claim or possible claim?

Date claimant first made claim?

If you were aware of the claim or the existence of the claim or possible claim prior to being insured with Bureau Specialised Insurance Agency Limited, have you advised the previous insurer?

☐ Yes ☐ No

Please confirm the event giving rise to the claim circumstance:

Please attach relevant documentation and correspondence.

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## Estimate Costs

Estimated claim/alleged costs:

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## 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 provide 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 information may result in you 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: