



Property Insurance Claim Form

Return completed form to Diocese / Insurance Administrator
or claims@airs.org.au

Insured Name

Diocese / Member Name

Entity Name

Entity Name – Parish, School, Branch, Subsidiary, Facility

Address

Location

State

Postcode

Local Contact

Name

Contact Phone No.

ABN & GST Info.

Your ABN

Are you registered for GST?

%

Percentage that GST is applicable

Details of Claim

Date of Loss

DD

MM

YYYY

Loss Location

Building Name & Address (if different to above)

State

Postcode

Nature of Loss

Burglary, Fire, Storm, Accidental Damage etc.

Describe the event / loss:

Describe how the damage was caused or how loss occurred

Was another person responsible for the loss? Yes No

Contact details

Ph:

(if applicable)

Name, Address, Contact Phone and email

Have the Police been notified Yes No

Police Station & Report No.

What steps have been taken to mitigate further losses of this nature?

Details of loss mitigation plan

Please provide bank account details for claims settlement

Bank Account Name

BSB

Account No.



IMPORTANT To enable speedy assessment of your claim, please return this form with

- **Photo/s** of damage
- Supporting **Quotations** or **Invoices** for repair or replacement

| <i>List below all the expenses you are claiming (attach supporting documentation</i> | Replacement Value (excl GST) |
|--|---------------------------------|
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| Settlement will be reduced by an Internal excess (if applicable) | \$ |
| Total Claimed | \$ |

I declare that information contained herein and attaching to the claim form is true and correct.

Name

Position

Signature

Date of Signature

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

MM

DD

YY