

DIOCESE OF THE MURRAY PROPERTY CLAIM FORM

PO BOX 394 MURRAY BRIDGE SA 5253

TELEPHONE:

(08) 8532 2270

FAX:

(08) 8532 5760

PROPERTY INSURANCE CLAIM FORM

PLEASE RETURN THIS FORM DIRECT TO THE DIOCESAN REGISTRY

NAME OF PARISH /
DIOCESAN ENTITY

CLAIM NO:

ADDRESS

Excess:

\$

A.B.N.....

GST registration:

Yes

BUSINESS PHONE NO.

PRIVATE PHONE NO.

FAX NO.

E-MAIL ADDRESS

DETAILS OF

BUILDING NAME:

CLAIM

LOCATION

BUILDING ADDRESS:

DATE OF LOSS

NATURE OF LOSS

BURGLARY

ACCIDENTAL DAMAGE

FIRE

MALICIOUS DAMAGE

GLASS

OTHER

IF OTHER, PLEASE SPECIFY: _____

FULL DESCRIPTION
OF LOSS & HOW IT
OCCURRED

WAS ANOTHER PERSON
RESPONSIBLE FOR THE
LOSS OR DAMAGE TO YOUR
PROPERTY?

NO

YES

IF YES:

NAME AND ADDRESS OF THE PERSON
RESPONSIBLE

IF BURGLARY,
WHAT WAS THE
METHOD OF
ENTRY?

PLEASE COMPLETE DETAILS OVERLEAF

HAVE THE POLICE BEEN NOTIFIED?

[] NO [] YES

WHICH STATION?

WHAT STEPS HAVE BEEN TAKEN TO ENSURE SAME TYPE OF LOSS DOES NOT RECUR?

ENSURE THAT DETAILS ON PREVIOUS PAGE ARE CORRECT BEFORE SIGNING BELOW

I DECLARE THAT ALL THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT

NAME (PLEASE PRINT): _____

SIGNATURE OF CHURCH

SECRETARY, TREASURER,

OR ADMINISTRATOR: _____

DATE: _____

PLEASE ATTACH COPIES OF QUOTATIONS OR INVOICES FOR REPAIR OR REPLACEMENT

LIST BELOW ALL ITEMS FOR WHICH YOU ARE CLAIMING

DESCRIPTION OF PROPERTY LOST DAMAGED OR DESTROYED	MODEL NUMBER	QUOTED REPLACEMENT VALUE OF ITEM EXCL GST	QUOTING COMPANY	ADDITIONAL INFORMATION

****** To allow claim payments to be made direct into your bank account, please advise:**

Name of Bank: Branch: BSB Number:

Bank Account Name: Bank Account Number: