

PROPERTY INSURANCE CLAIM FORM

Uniting Church in Australia Insurance Services (WA)

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Please complete and return to the above person. If there is insufficient space on this form, please attach a separate sheet indicating the section completed.

INSURED DETAILS

Name of Insured :			
Address:		Post Code:	
Contact Person:		Contact Number:	
ABN:		Registered for GST?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has an input tax credit been claimed on the GST applicable to this policy?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

PROPERTY DETAILS

Asset Number :	
Property Address:	
Program:	
Occupants of Premises:	

INCIDENT DETAILS

Incident Report ☐

Damage exceeds \$500 excess? ☐

Date of loss/damage:	Approx time of loss/damage:
Discovered by:	Date & Time discovered:
Location of loss/damage:	
Nature of Loss i.e. malicious damage, storm damage, burglary etc. Please describe fully.	
Were the Police notified	Police Report #
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Date of report:	Time of report:
Name of Police Station:	Name of Police Officer:
Was any other party responsible for the loss/damage? If yes, please give details.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

COMPLETE THIS SECTION FOR BURGLARY/THEFT/MALICIOUS DAMAGE

Was the premises securely locked?

How was entry gained?

Was the premises occupied at time of loss?

Have steps been taken to improve security of the premises?

DETAILS OF LOSS - Include quotations for replacement/repair and receipts for proof of ownership. If insufficient space please attach list and show total amount below.

Description of property	Date of purchase/ acquisition	Original Purchase Price	Quoted replacement/repair cost	Net Amount Claimed
Total Amount of Loss Claimed				

OTHER INSURANCE

Were there any other policies covering the property at the time of loss?

☐ YES

☐ NO

If yes, please state

Name of Insurer:

Policy No:

Type of Insurance:

PAYMENT

Bank:

☐ CHEQUE

☐ EFT

Account Name:

BSB:

Account Number:

DECLARATION

By inserting your name below, it is declared that

1. We the insured do solemnly and sincerely declare that we have complied with the terms and conditions of the policy and in no manner caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on this form is true and that we have not concealed any information relating to this claim
2. We understand that this claim may be refused or reduced if information is withheld
3. We authorise the insurer to obtain from any other party information that is, in the insurers view, relevant to this claim

Signature of the insured:		Date:	
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CHECKLIST - ARE THE FOLLOWING DOCUMENTS ATTACHED?

- ☐ Completed claim form
- ☐ Police report (if available)
- ☐ Incident report (if available)
- ☐ Proof of ownership/proof of value
- ☐ Copy of invoice/quotes for repair or replacement
- ☐ Copy of Purchase Order (or approved invoice)
- ☐ Photos of damage (for property claims)

Submit Claim Form