

Property and Liability Insurance

Claim form



IMPORTANT: – Please read before filling in this form

This form is for making claims for **property losses** such as lost, stolen or damaged property and also for incidents that may likely give rise to a claim for **property damage or bodily injury** for which you may be **legally liable** to pay compensation to another party/s.

This form is to be completed by the Congregation or Agency only not other parties seeking compensation.

Disclaimer

Personal Information collected and/or held by The Uniting Church in Australia Qld Synod will only be used for the specific purpose for which it is collected. This information will be held securely, and will only be disclosed with the understanding and consent of the person(s) identified when required, or when legally required to do so.

Claim for:	Burglary, Theft, Money, Malicious Damage or Lost Property	Glass	Fusion, Machinery Breakdown, Electronic Equipment	All other Building, Contents and Business Interruption	Legal Liability
Please complete questions under these sections:	A, B, E, G and H	A, D, G and H	A, C, G and H	A, E, G and H	A, F, G and H

Section A - complete for all Claims

a) Claimant name eg. Name of Congregation or Agency:	
b) Postal address:	Contact person:
Contact phone number:	Contact fax number:
Email address:	
c) Is claimant registered for GST purposes? (please tick): <input type="checkbox"/> no <input type="checkbox"/> yes If yes what is your ABN:	
d) Location at which the loss, damage or incident occurred: (i.e. address)	
e) Premises at location occupied as: (e.g. church, nursing home?)	
f) Date loss, damage or incident occurred: / /	time: am/pm
g) Nature of loss, damage or incident: (e.g. damage to roof, person injured)	
h) How was it caused? (e.g. storm, wet path, worn carpet)	
i) Who discovered the loss, theft or damage and when?	
j) Do you know who is responsible for the loss, damage or incident? (please tick): <input type="checkbox"/> no <input type="checkbox"/> yes If yes please provide name(s), address(es) and any other information about the person(s) responsible	
k) Is the property repairable? <input type="checkbox"/> no — Attach copies of quotes/tax invoices for replacement. NOTE: For some items a report from an authorized repairer may be required stating the item is not repairable. <input type="checkbox"/> yes — Attach a copy of quote/tax invoice for repairs.	
l) Please attach photos of damaged premises/contents items where possible.	



Section B - Burglary, Theft, Money, Malicious Damage and Lost Property

You must repost all loss, theft or vandalism of property to the police. It may be necessary for us to apply to the Police for a Report.	
a) Name of police station reported to:	b) Name of police officer:
c) Police Offence Report number:	d) Date reported: / /
Insured's phone number:	Email address:
e) Were the premises broken into? (please tick): <input type="checkbox"/> no <input type="checkbox"/> yes If yes	
When were the premises last occupied? (i.e. date & time)	
Were the premises securely locked?	
How was entry gained? (e.g. window broken, door forced)	
What measures have been taken to improve the security of your premises?	
What damage, if any, was made to the premises?	

Section C - Fusion, Machinery Breakdown, Electronic Equipment

Items Damaged (e.g. refrigerator) and size in Hp or Kw's
a) Date of purchase or age in years:
b) Has the warranty expired? (please tick): <input type="checkbox"/> no <input type="checkbox"/> yes
If no have you claimed against it for this incident? (please tick): <input type="checkbox"/> no <input type="checkbox"/> yes
c) Location of damaged item for inspection:
d) Name of supplier of damaged item if known?
e) Will there be a claim on spoilage of refrigerated food? (please tick): <input type="checkbox"/> no <input type="checkbox"/> yes If yes please attach a separate list that shows - item description, quantity, price net of GST.

Section D - Glass

Item (door, shelf, windows, etc.)	Size	Type (plate, sheet etc.)	Signwriting (state details and value)



Section F - Legal Liability

Please attach a copy of any Incident Report that may have been completed i.e. Workplace Health & Safety, Uniting Church Incident Report Form.	
a) Type of activity being conducted at the time (eg. Day Camp, Aged Care, Worship service, Retailing)	
b) Details of person/s injured:	
Name:	
Address:	Injury/condition:
Occupation:	Age:
c) Name, address and contact numbers of any witnesses:	
d) Have you made any admission of liability? (please tick): <input type="checkbox"/> no <input type="checkbox"/> yes	
e) Give details of how it happened and particulars of any bodily injury or property damage for which you may be responsible.	

Section G - Settlement Instructions

If you have/or will pay for repairs/loss in this matter please advise your EFT settlement instructions as below;	
Bank name:	
Branch:	
Account name:	
BSB number:	Account number:

Section H - Declaration

I/we declare that to the best of my knowledge the information provided on this form is true and correct and I/we have not withheld any relevant information.	
I consent to The Uniting Church in Australia, Queensland Synod disclosing my/our personal information to appropriate insurers or as required by law. I/we consent to The Uniting Church in Australia, Queensland Synod also disclosing my/our personal information and/or collecting additional information about me, for investigators or legal advisors.	
Signature of authorised person:	Date: / /

General comments:

<p>Return completed form to:</p> <p>The Uniting Church in Australia Qld Synod Risk and Insurance GPO Box 674 Brisbane QLD 4001 P: 07 3377 9941 F: 07 3377 9716 E: Insurance@ucaqld.com.au</p>
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