

Property Claim Form



Churches of Christ Insurance

Email: hello@cofcinsurance.org.au

Website: <https://www.cofcinsurance.org.au/for-members/making-a-claim/>

Phone: 03 9488 8841

Claim Number
(office use only)

Please complete, sign and return this form by email including:

Police report (if applicable in case of theft, malicious damage or similar)

Invoices for repairs (provide two quotes)

Photos of damage (try to compress in a Word document if large files)

CCTV file

If you require any help in completing this form, please contact us on 03 9488 8841.
Please use **BLOCK LETTERS** in black or blue pen only and tick required choices.

Client Details

Organisation or company name

Address

Suburb

State

Postcode

Contact Person

Title

Given name/s

Surname

Phone: Work

Home

Mobile

Fax

Email

Preferred contact number

Work Home Mobile Fax

For GST registered businesses, what is your ITC%

Description of Incident

This claim form is intended to be used for a variety of losses.

Please complete all those questions which relate to your category of loss or damage.

Date of incident

 / /

Time

 am pm

Name of Insured

Address where loss occurred

Suburb

State

Postcode

Cause of incident

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Burst pipe | <input type="checkbox"/> Fire | <input type="checkbox"/> Flood | <input type="checkbox"/> Hail |
| <input type="checkbox"/> Impact by third party vehicle | <input type="checkbox"/> Machinery breakdown | <input type="checkbox"/> Malicious damage | <input type="checkbox"/> Storm |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Wind | <input type="checkbox"/> Other |

Give full details of how the loss or damage occurred

Where did it happen? (library, admin, church, hall, gym or other)

If applicable, give full details of glass broken (doors, windows, shelf etc.)

Police Report

Was the incident reported to the Police? Yes No

If yes, please attach your police report to this claim form.

Police station

Crime report number

Name of Police Officer

Must be completed for all claims

If there is insufficient space please attach further details.

Description of property stolen, lost, damaged or destroyed	Model number	Age or date of purchase of property	Original purchase cost	Amount claimed
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Payment

Would you like the claims settlement to be paid via EFT into your account? Yes No

If yes, please complete your details below.

Account name

Bank

Branch

BSB number

Account number

Responsibility of Another Person

Do you think that another person (or company) is responsible for the loss or damage you have suffered?

Yes No

If yes, please state the name and address of that person or company.

Title

Given name/s

Surname

Address

Suburb

State

Postcode

Why do you think this person or company is responsible?

If a motor vehicle was involved please tell us:

Make of vehicle

Registration number

Declaration

I wish to make a claim under the policy as detailed in this claim form.

I declare that:

- The amount I am/we are claiming is no more than the amount of my loss;
- To the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information;
- I consent to Churches of Christ Insurance using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however Churches of Christ Insurance may not be able to process my claim;
- I consent to Churches of Christ Insurance disclosing my personal information to other insurers, an Insurance Reference Service, reinsurers, claim investigators, assessors, legal professionals or as required by law. I consent to Churches of Christ Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signed

Print full name

Date

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