

PROPERTY CLAIM FORM

Office Use Only

Claim Number
Excess \$

INSURED'S NAME _____

ADDRESS: _____

SUBURB/TOWN _____ STATE: _____ POSTCODE: _____

CONTACT PERSON: _____

POSITION: _____

EMAIL _____ PHONE: _____

1) DATE OF LOSS: _____

2) ADDRESS OF LOSS OR DAMAGE (If different to above): _____

3) APPROX VALUE OF LOSS: \$ _____ POLICE REPORT ATTACHED? YES / NO

4) PHOTOS TAKEN OF THE DAMAGE? YES / NO (please attach)

5) DESCRIPTION OF LOSS (including cause): _____

6) ANY OTHER ADDITIONAL INFORMATION (INSURED COST CENTRE CODE/ACCOUNT CODE): _____

7) ABN (must be supplied): _____ ARE YOU REGISTERED FOR GST? YES / NO

8) BANK ACCOUNT DETAILS (must be completed for payment)

NAME OF BANK	BSB NUMBER	ACCOUNT NUMBER

I do solemnly and sincerely declare that the foregoing particulars are true and correct and that the information contained in the Schedule represents a faithful account of the actual loss without including any profit or advantage of any kind and I make this declaration conscientiously believing the same to be true and by virtue of the provision of an Act of Parliament rendering persons making a false declaration punishable for wilful and corrupt perjury.

NAME: _____ SIGNATURE: _____ DATE: _____

Please return to (email is preferred)
Insurance Claims Officer
Email: insurance@victas.uca.org.au

The Uniting Church in Australia
Risk Management and Insurance Services
130 Lonsdale St, Melbourne Vic 3000
Fax: 03 9116 1499

General enquiries and claim enquiries
Tel: 03 9116 1995

All new claims
(Assessments, make safe and after hours)
Mobile: 0499 303 494

Please notify the Insurance team as soon as the incident has been brought to your attention.

The claim can be processed quicker when supporting documentation (Quotations, Invoices, Police Reports, Proof of Ownership and Photos) are provided to the Insurance team in a timely manner.