

AUSTRALIAN BAPTIST INSURANCE SCHEME

UNDERWRITTEN BY EIG-ANSVAR

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DOMESTIC INSURANCE CLAIM FORM

IT IS ESSENTIAL THAT THIS FORM BE RETURNED, WITH ALL QUESTIONS ANSWERED, TO THE AUSTRALIAN BAPTIST INSURANCE SCHEME IN YOUR STATE AT THE EARLIEST OPPORTUNITY

NAME

ADDRESS

.....
.....
.....

DATE OF LOSS

DESCRIPTION OF THE NATURE OF LOSS
(Fire / Burglary Etc)

.....
.....
.....
.....

ADDRESS OF THE PREMISES AT WHICH THE LOSS WAS SUSTAINED

.....
.....
.....

WAS ANOTHER PERSON RESPONSIBLE FOR THE LOSS

YES /NO (If Yes please provide Name/ Address)

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.....

IF THEFT / BURGLARY CLAIM ,PLEASE ADVISE THE METHOD OF ENTRY

HAVE THE POLICE ATTENDED/ PLEASE PROVIDE STATION DETAILS

PLEASE COMPLETE THE ATTCHED FORM THAT WILL ASSSIST WITH PROCESSING YOUR CLAIM.

PLEASE INCLUDE WITH YOUR CLAIM FORM QUOTATIONS FOR REPLACEMENT AND/OR REPAIR, ORIGINAL RECEIPTS OR PROOF OF OWNERSHIP

DESCRIPTION OF ITEM	MODEL NUMBER	ORIGINAL DATE PURCHASED	PURCHASE PRICE	QUOTED REPLACEMENT PRICE	ADDITIONAL INFORMATION
Example : Ring / 9ct White gold with Diamond	NA	\$1000.00	D & G Jewelers Ballarat	\$1000.00	

Privacy

The information we collect is to enable us to make a decision on whether we will accept your claim.

If you do not provide this information we will not be able to process your claim.

We may use third party suppliers (agents, loss adjusters, assessors and mailing houses) to carry out specialised activities on our behalf. These organisations are aware of their obligations under Privacy provisions.

At any time you may request access to your personal information and correct it if it is wrong.

We value the personal information you give to us and we will take all reasonable precautions to prevent

SIGNATURE OF POLICY HOLDER

NAME (PLEASE PRINT)

DATE