

AUSTRALIAN BAPTIST INSURANCE SCHEME

UNDERWRITTEN BY ANSVAR INSURANCE

Victoria PO Box 377, Hawthorn VIC 3122 Phone: (03) 9880-6168 Fax: (03) 9880-6123

DOMESTIC PROPERTY CLAIM FORM

NAME

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ADDRESS

CLAIM NO:

.....

EXCESS

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BUSINESS PHONE NO.* PRIVATE PHONE NO. EMAIL ADDRESS*

.....

DATE OF LOSS:*

.....

NATURE OF LOSS:

BURGLARY ACCIDENTAL DAMAGE FIRE

MALICIOUS DAMAGE GLASS OTHER

OTHER _____

DESCRIBE HOW THE LOSS OCCURRED.*

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IF YES, NAME AND ADDRESS OF PERSON RESPONSIBLE WAS ANOTHER PERSON RESPONSIBLE FOR THE DAMAGE TO YOUR PROPERTY?

NO YES

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IF BURGLARY, METHOD OF ENTRY?

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HAVE THE POLICE BEEN NOTIFIED? WHICH STATION?

NO YES

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WHAT STEPS HAVE BEEN TAKEN TO ENSURE THE SAME LOSS DOES NOT OCCUR AGAIN?

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PAYMENT METHOD

CHEQUE **DIRECT DEBIT**

SHOULD YOU WISH FOR THE PAYMENT TO BE DIRECT DEBITED TO YOUR BANK ACCOUNT PLEASE PROVIDE THE FOLLOWING

NAME OF BANK _____
NAME OF ACCOUNT _____
BSB _____
ACCOUNT NUMBER _____

PLEASE COMPLETE DETAILS OVERLEAF BEFORE SIGNING BELOW

I DECLARE THAT ALL THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT

NAME (PLEASE PRINT) DATE / /

CHECK LIST

BELOW IS A LIST OF ITEMS WE REQUIRE IN ORDER TO PROCESS YOUR CLAIM. PLEASE TICK THE BOX IF THAT ITEM HAS BEEN INCLUDED WITH THIS CLAIM FORM.

DESCRIPTION OF ITEM STOLEN OR DESTROYED	MODEL NO	PROOF OF OWNERSHIP	QUOTE 1	QUOTE 2	INVOICE FOR AUTHORISED REPAIRS/ PUCHASE	HAS THE INVOICE BEEN PAID? YES / NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PROOF OF OWNERSHIP: This could be an invoice/receipt from original purchase, a copy of the cover of the manual, a copy of the warranty or something similar to prove that the item was the property of the church/school/individual.

QUOTE: It is important that you obtain at least two quotes before any repairs/replacements are undertaken.

INVOICES: Please **do not proceed with any** repairs/purchases until authorisation has been received from the Baptist Union Insurance Division. Once this is undertaken, it is important that the Insurance Division receives the original invoice/receipt before reimbursement can be made.