



Property Insurance Claim Form

Return completed form to Diocese / Insurance Administrator
or claims@airs.org.au

Insured Name

Diocese / Member Name

Entity Name

Entity Name – Parish, School, Branch, Subsidiary, Facility

Address

Location

State

Postcode

Local Contact

Name

Contact Phone No.

ABN & GST Info.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your ABN

Are you registered for GST?

Percentage that GST is applicable

Details of Claim

Date of Loss

<input type="text"/>	<input type="text"/>	<input type="text"/>
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DD

MM

YYYY

Loss Location

Building Name & Address (if different to above)

State

Postcode

Nature of Loss

Burglary, Fire, Storm, Accidental Damage etc.

Describe the event / loss:

Describe how the damage was caused or how loss occurred

Was another person responsible for the loss? ☐ Yes ☐ No

Contact details

<input type="text"/>	Ph: <input type="text"/>
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(if applicable)

Name, Address, Contact Phone and email

Have the Police been notified ☐ Yes ☐ No

Police Station & Report No.

What steps have been taken to mitigate further losses of this nature?

Details of loss mitigation plan

Please provide bank account details for claims settlement

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank Account Name

BSB

Account No.

IMPORTANT To enable speedy assessment of your claim, please return this form with

- **Photo/s** of damage
- Supporting **Quotations** or **Invoices** for repair or replacement

List below all the expenses you are claiming (attach supporting documentation)	Replacement Value (excl GST)
Settlement will be reduced by an Internal excess (if applicable)	\$
Total Claimed	\$

I declare that information contained herein and attaching to the claim form is true and correct.

Name	<input type="text"/>	Position	<input type="text"/>		
Signature	<input type="text"/>	Date of Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>
			MM	DD	YY