



ANGLICAN DIOCESE OF NEWCASTLE

51 Newcomen (PO Box 817) Newcastle NSW 2300
Tel. (02) 4926 3733 Fax. (02) 4926 1968

Property Insurance Claim Form

Claim No.

Parish/Diocesan Organisation ABN.....

Address:

GST Registration Yes [] No []

PARTICULARS OF LOSS OR DAMAGE: Date of Occurrence: Time of Occurrence: am/pm

Location Address:

Contact Person & Phone No.

Full description (including cause):

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.....
.....

Specify remedial action taken to prevent a recurrence:

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

Has loss been reported to the police? [] Yes [] No Attach police report or

Specify name and number of police officer:

List property lost, stolen or damaged

Table with 2 columns: Description of property, Replacement cost \$ [Net of GST]. Includes summary rows for Total replacement cost, Less policy excess, and Total amount claimed.

Please attach originals of quotations or invoices for repair or replacement.

Name of person making claim Position Phone

Fax Email

Signature

Date