



# Uniting Resources – Property Services

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## INSURANCE CLAIM FORM Residents & Ministers (Contents Only) Underwritten by Allianz Australia Insurance Limited

Organisation:	_____	ID:	_____
Postal Address:	_____		
	_____	P/Code:	_____
Contact Person:	_____	Phone:	_____
Email:	_____	Fax:	_____

Date of Loss:	_____ / _____ / _____
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Address of Loss:	_____
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How did the Loss Occur:	_____
	_____
	_____

<u>PLEASE COMPLETE THE SCHEDULE OVER OF LOST AND / OR DAMAGED GOODS.</u>	
Please Attach:	1. Copy of Original Receipts. 2. Copy of any invoices already paid. 3. Copy of cash proof (petty cash reconciliations etc)

Does all property belong to your organisation?	YES / NO
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If NO please supply Details of Other Party:	Name: _____
	Address: _____

Have the police been notified?	YES / NO	Police Event Number: _____
If NO please supply reason: _____		

I declare that the particulars of this claim are true and correct and that no information has been withheld that may be material to the claim. I understand that any false or misleading information may be punishable by law.

Signature of Authorised Officer: \_\_\_\_\_ Date: \_\_\_\_\_

