

**ANGLICAN DIOCESE OF GIPPSLAND**  
**PROPERTY INSURANCE CLAIM FORM**

Claim no.....

Parish / Entity:.....A.B.N.....

Address:.....Post Code.....

GST registration:            Yes             No

Particulars of loss or damage:    Date: .....    Time: .....

Location:.....

Full description (including cause):.....

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

Specify remedial action taken to prevent a recurrence:

.....  
 .....

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

List property lost, stolen or damaged:

Description of Property	Replacement cost \$ Net of GST
<b>Total replacement cost Net of GST</b>	<b>\$</b>
<b>Less policy excess</b>	<b>\$</b>
<b>Total amount claimed</b>	<b>\$</b>

*PLEASE ATTACH COPIES OF QUOTATIONS OR INVOICES FOR REPAIR OR REPLACEMENT.*

Name: .....            Position    .....            Phone:.....

Fax    .....            Email    .....

Signature: .....            Date: .....

