

Property

Claim Form

Claim Number _____
(office use only)

Client Details

Organisation or company name

Title

Surname

Given name/s

Address

Postcode

Contact Person

Name

Phone: Work

Home

Mobile

Fax

Email

Preferred Contact number

Work Home Mobile Fax

For GST registered businesses, what is your ITC%

Policy Details

Policy number

Client Number

Description of Incident

This claim form is intended to be used for a variety of losses.

Please complete all those questions which relate to your category of loss or damage.

Date of incident

 / /

Time

 am/pm

Location number

Risk number

Name of Insured

Address

Postcode

Give full details of how the loss or damage occurred

Where did it happen? (*library, admin, church, hall, gym or other*)

Give full of glass broken (*doors, windows, shelf, etc.*)

Police Report

Was the incident reported to the Police?

Yes No

If yes, please tell us

Police station

Crime report number

Name of Police Officer

Must be completed for all claims

Description of property stolen, lost, damaged or destroyed	Model number	Age or date of purchase of property	Original purchase cost	Amount claimed
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

If there is insufficient space please attach further details

Payment

If you would like the claims settlement to be paid via EFT into your account, please complete your details below

Account name

Bank

Branch

BSB number

Account number

Responsibility of Another Person

Do you think that another person (or company) is responsible for the loss or damage you have suffered?

Yes No

If you have answered YES, please state the name and address of that person or company:

Name

Address

Postcode

Insurance company

Claim number

Why do you think this person or company is responsible?

If a motor vehicle was involved please tell us:

Make of vehicle

Registration number

Declaration

I wish to make a claim under the policy as detailed in this claim form.

I declare that:

- ◆ The amount I am/we are claiming is no more than the amount of my loss;
- ◆ To the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information;
- ◆ I consent to Catholic Church Insurance Limited using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however Catholic Church Insurance Limited may not be able to process my claim;
- ◆ I consent to Catholic Church Insurance Limited disclosing my personal information to other insurers, an Insurance Reference Service, reinsurers, claim investigators, assessors, legal professionals or as required by law. I consent to Catholic Church Insurance Limited also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signed

Date (dd/mm/yyyy)

 / /

Please print name

Upon completion of the claim form please return to:

GPO Box 180 Melbourne 3001 or via email to claims@ccinsurance.org.au

How to make a complaint

If you are unhappy with our decision or the process, you may make a complaint in accordance with our complaints handling procedure. Details of our insurance complaints handling procedure can be obtained from our website at www.ccinsurance.org.au or by requesting a copy directly from us (see contact details below).

You can lodge a complaint by the following methods:

Website: <http://www.ccinsurance.org.au/complaints>
Mail: Catholic Church Insurance Limited
GPO Box 180, Melbourne Vic 3001
Tel: 1300 655 001, between 8:30am and 5:30pm, Monday to Friday, (03) 9934 3000
Facsimile: (03) 9934 3464

If you are not satisfied with the response you receive from us or are not satisfied with the process when dealing with us you can contact the Australian Financial Complaints Authority (AFCA).

AFCA is a recognised external dispute resolution scheme, and subject to its Terms of Reference, AFCA may receive and handle your complaint.

You may contact AFCA using the contact details below:

Mail: Australian Financial Complaints Authority (AFCA)
GPO Box 3, Melbourne Vic 3001
Tel: 1800 931 678
Email: info@afca.org.au
Website: www.afca.org.au

How to Make a Privacy Complaint

Direct marketing and your privacy

Information on how CCI may collect, hold, use or disclose your personal information is set out in our privacy policy, accessible on www.ccinsurance.org.au/privacy

Accessing your personal information or making a privacy complaint

To access or correct your personal information please advise a member of our staff directly, or by writing to us, calling us or via our websites www.ccinsurance.org.au and www.cciassetmanagement.org.au

If you have a concern, or wish to make a privacy complaint, please contact our Privacy Officer using the contact details below. If you make a privacy complaint, we will respond to your complaint within 30 days. We will not charge you for making or investigating your privacy complaint.

How to contact us

visit our websites: www.ccinsurance.org.au
www.cciassetmanagement.org.au

email: privacy@ccinsurance.org.au

write to us: Privacy Officer,
Catholic Church Insurance,
GPO Box 180 Melbourne Vic 3001

call us: 1300 655 001, between 8:30am and 5:30pm, Monday to Friday,

If you are not satisfied with the response you receive from us, or require further general information about your privacy rights, you may refer your complaint to the Privacy Commissioner at the Office of the Australian Information Commissioner by using the contact details below:

in writing: Office of the Australian Information Commissioner,
GPO Box 5218 Sydney NSW 2001

email: enquiries@oaic.gov.au

call their Privacy Hotline: 1300 363 992 (local call cost)

visit their website: www.oaic.gov.au

How to Contact Us

Mail Catholic Church Insurance Limited
GPO Box 180 Melbourne 3001

Email claims@ccinsurance.org.au

Website www.ccinsurance.org.au

Telephone 1300 655 001

Facsimile 03 9934 3468

Catholic Church Insurance Limited ABN 76 000 005 210 AFSL no. 235415