



ISR Claim Form Building & Contents

All completed forms to be sent to Proclaim Pty Ltd Locked Bag 32012, Collins Street East VIC 8003
 Email: claims@nswact.uca.org.au Tel: 1300 754 688 Fax: 1300 265 655

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

Date of Loss:	
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Address of Loss:	

How did the Loss Occur:	

Please complete the schedule over of lost and / or damaged goods.	
Please Attach:	<ol style="list-style-type: none"> 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	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If NO please supply Details of Other Party:	Name: _____ Address: _____
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Have the police been notified?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Police Event Number: _____
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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.

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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**uniting
church**
in Australia,
Synod of NSW & ACT

Description of Property	Model	Net Amount	GST	Full Replacement Cost	Has Item Been Repaired / Replaced
Total Costs of Repair / Replacement		Sub Total			
Less GST (where applicable)					
		Less Excess			
		Claim Total			

Excess:	Plate Glass	\$500	All entities
	Property	\$750	Congregations
		\$1,500	All other entities

Bank Details for Settlement of your claim	
BSB	
Account Number	
Account Name	