ANGLICAN DIOCESE OF GRAFTON PO Box 4 GRAFTON NSW 2460

Email: insurance@graftondiocese.org.au

PROPERTY INSURANCE CLAIM FORM

				Claim Number	GRISR	(
Entity				ABN		
Address						
GST Registration	□ Yes	□ No				
PARTICULARS OF LOS	S OP DAM	AGE .				
Date	3 UK DAIVI	AGE		Time		
Location						
Full description (include	ling cause):					
Specify remedial action taken to prevent recurrence:						
				T		
Has loss been reported to the police? ☐ Yes (attach rep						oort) 🗆 No
		_		l		
LIST PROPERTY LOST,		R DAMAGED:				Replacement Cost
Description of Property						(net of GST) \$
Total replacement cost Net of GST <u>Less</u> policy excess						
Total amount claimed						
PLEASE ATTACH COPIES OF QUOTATIONS OR INVOICES FOR REPAIR OR REPLACEMENT						
Name: Position:						
Email:		Phone:				Fax:
			1			
Signature:						Date: