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 LOSS OR DAMAGE

Date		**Time**	
Location			
Full description (including cause):			
Specify remedial action taken to prevent recurrence:			
Has loss been reported to the police?		☐ Yes (attach report) ☐ No	

LIST PROPERTY LOST, STOLEN OR DAMAGED:

Description of Property	**Replacement Cost (net of GST) $**
Total replacement cost Net of GST	
Less policy excess	
Total amount claimed	

PLEASE ATTACH COPIES OF QUOTATIONS OR INVOICES FOR REPAIR OR REPLACEMENT

Name:	**Position:**	
Email:	**Phone:**	**Fax:**
Signature:		**Date:**