

ANGLICAN DIOCESE OF GRAFTON
PROPERTY INSURANCE CLAIM FORM

Claim no GRISR

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
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: Phone:

Fax: Email:

Signature: Date: