

# Home & Contents Insurance Claim Form

## How to get quick action on your claim

Catholic Church Insurances Limited will act on your claim as soon as we receive this form. You can help us to act quickly for you by:

- Reporting incidents of theft (or attempted theft), malicious damage and loss of personal valuables to the police;
- Attaching the report or attendance card given to you by the police;
- Completing all relevant sections of this claim form;
- Supplying supporting documentation verifying ownership of property, eg: receipts, valuations, warranty certificates, instruction manuals;
- Supplying any repairers' or suppliers' quotations.
- Attach letter from your power supplier and/or telecommunications company to confirm loss by power surge or lightning.
- Keeping any damaged property for us to inspect;
- Taking all reasonable steps to safeguard the damaged property so that no further damage occurs;
- **Post completed claim form to Catholic Church Insurances Limited at GPO Box 180 Melbourne Vic 3001.**

If you require any help in completing this form, please contact us on, toll free, 1300 655 001.

**IF THERE IS INSUFFICIENT SPACE FOR ANSWERS PLEASE ATTACH FURTHER DETAILS.**

## Personal details

Surname (Mr/Mrs/Ms)	Given names	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
<input type="text"/>		Postcode <input type="text"/>
Phone	<input type="text"/>	Business <input type="text"/>
Fax	<input type="text"/>	Mobile <input type="text"/>
Occupation	<input type="text"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>
E-mail	<input type="text"/>	

## Policy details & excess

Policy no.	<input type="text"/>	
Period of cover	<input type="text"/> / <input type="text"/> / <input type="text"/>	to <input type="text"/> / <input type="text"/> / <input type="text"/>
Property address		
<input type="text"/>		
<input type="text"/>		Postcode <input type="text"/>
Sum insured buildings	Contents	Personal effects
<input type="text"/>	<input type="text"/>	<input type="text"/>
Specified articles		
<input type="text"/>		
Your Policy is subject to an excess of: <input type="text"/>		
<i>(This excess amount will be deducted from the amount you are claiming)</i>		
What is your ITC%? <input type="text"/>		

## Payment details

Who is payment to be made to?

## Ownership details

Are you the owner of the property lost or damaged?  YES  NO

If no, who does own the lost or damaged property?

Owners name

Owner's address

Postcode

Phone  Business

## Description of Incident

Give full details of how the loss or damage occurred:

  
  

Where did it happen? (eg inside house, front/back yard, garden shed, inside car, away from house, in the street)

The date it happened  /  /  Time  am/pm

## Police report

Was the incident reported to the Police?  YES  NO

If yes, please tell us:

Police Station  Crime report number

You should attach the report or attendance card issued to you by the Police.

## 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

Why do you think this person or company is responsible?

If a motor vehicle was involved please tell us the:

Make of vehicle  Registration number

## Previous claims

Have you made any home or contents insurance claims in the last 5 years?  YES  NO

If yes, please tell us the details: (If there is not enough space add a separate sheet)

Date of claim	Property damaged	Insurance company	Amount paid
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Other Insurance

If there is other insurance on the property for which a claim is being made, please tell us the:

Name of the Insurance Company  Type of Insurance

Policy Number  Period of Cover  /  /

## Details of your claim – please tick the kind of claim you are making

Accidental damage	<input type="checkbox"/>	Leakage of water or oil from pipes or other apparatus	<input type="checkbox"/>
Burglary or theft	<input type="checkbox"/>	Lightning (attach letter from supplier)	<input type="checkbox"/>
Earthquake	<input type="checkbox"/>	Malicious Damage	<input type="checkbox"/>
Explosion	<input type="checkbox"/>	Spoilage of refrigerated or frozen food*	<input type="checkbox"/>
Fire	<input type="checkbox"/>	Storm, rainwater	<input type="checkbox"/>
Fraudulent use of your credit cards or cheques	<input type="checkbox"/>	Fusion of electric motor	<input type="checkbox"/>
Impact by vehicle or aircraft or animal	<input type="checkbox"/>	Other	<input type="checkbox"/>

(\*Please attach a detailed list of the spoiled food and approximate cost)

If you ticked Other, please write out details of the claim in the space provided below:

  
  


## Fusion/burnt out electrical motor claims only

Type of appliance  Date of purchase and/or age of motor  /  /

Make and Model of appliance

For swimming pool motors please tell us if the pool is:  Above Ground  In Ground

Is the appliance fixed to the building?  YES  NO

Ask the repairer to show, on the account, the cause of the damage and separate figures for the cost of;

- Motor repairs and parts
- Labour, Re-Gas and Travelling.

### Table of Depreciation:

Under 2 yrs	Nil	5 years old	24%	8 years old	48%	11 years old	72%
3 years old	8%	6 years old	32%	9 years old	56%	12 years or over	80%
4 years old	16%	7 years old	40%	10 years old	64%		

The maximum depreciation that we will apply is 80%.

## Spoilage of Food

If you are claiming for loss/spoilage of food in the refrigerator or freezer, please supply a detailed list of the food showing the cost price per item.

Please show storage capacity of unit

## This part of the form must be completed for all claims (except fusion)

Description of property lost, damaged	Model no.	Where purchased	When purchased	Estimated replacement or repair cost

## General Insurance Code of Practice

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The General Insurance Industry has developed a General Insurance Code of Practice for use by all insurers. Catholic Church Insurances has adopted and enthusiastically supports the Code because it:

- requires the provision of high standards of good practice and service
- requires the provision of more relevant and useful information to consumers
- promotes understanding of your rights and obligations under our insurance contracts
- promotes informed and effective relationships between consumers, insurers and agents
- provides a process for the resolution of disputes.

The Code sets out what we must do when dealing with you through all stages of our relationship. If you want more information about the Code please contact us or go to [www.codeofpractice.com.au](http://www.codeofpractice.com.au).

If we are unable to provide you with insurance cover, we will:

- give you reasons; and
- refer you to the Insurance Ombudsman Service for information about alternative insurance options.

If you are unhappy about our decision, you may make a complaint in accordance with our complaints handling procedures.

## How to make a complaint

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If our service fails to satisfy you we would like to hear from you.

Our commitment to you is that:

- all complaints will be dealt with fairly, transparently and in a timely manner
- we will acknowledge a verbal or written complaint within 5 business days
- our response will take no more than 15 business days.

Our complaints handling policy can be obtained from our website or by requesting a copy directly from us.

Your complaint will be handled by a person with the appropriate authority to deal with your complaint.

If you are not satisfied with our response, you may refer the complaint to our Internal Disputes Resolution Committee. This committee is a group of senior persons with the authority to make a final decision on behalf of the company.

Once your dispute has been through our Internal Disputes Resolution Committee and if you are still not satisfied you can refer your complaint to the Insurance Ombudsman Service Limited (IOS). Contact details for the IOS are as follows:

Insurance Ombudsman Services  
PO Box 561  
Collins Street West  
Melbourne VIC 8007  
Tel: 1300 780 808 (toll free)  
Tel: 03 9613 6300  
Fax: 03 9621 2060  
Email: [ios@insuranceombudsman.com.au](mailto:ios@insuranceombudsman.com.au)  
Website: [www.insuranceombudsman.com.au](http://www.insuranceombudsman.com.au)

The IOS is an independent insurance review body. Please note that the IOS will not accept a complaint unless you have first tried to resolve the problem with us.

If you prefer, you may pursue other options that may be available to you, such as consumer tribunals or legal process.

## Safeguarding your information – Privacy

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### Privacy Statement

Catholic Church Insurances has adopted the National Privacy Principles under the Privacy Act 1988. This supports our management philosophy promoting mutual trust, respect, equity and fair treatment.

### Purpose of collection

We need to collect personal information about you which enables us to assess your application for new insurance, change your existing insurance, correct your details or determine a claim.

### Use and disclosure

To assess a risk or process a claim we may disclose your personal information when necessary to others, including loss assessors, claims investigators, reinsurers, other insurance companies, financial institutions, government bodies, mail house service providers, hospitals, medical and health professionals, legal and other professional advisors. Where necessary we will always gain your consent.

From time to time we may offer you other insurance products apart from your original policy. If you do not wish to receive this information please advise us.

You may access, correct or update your personal information by contacting us at any time.

## Failure to provide information

If you do not provide us with the requested personal information, we will not be able to consider your application or provide other insurance services.

If you have a Privacy issue, wish to obtain a copy of our Privacy Policy or make a complaint please contact us.

## Declaration

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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 Insurances 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 Insurances Limited may not be able to process my claim;
- I consent to Catholic Church Insurances 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 Insurances Limited also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signed

Date

 /  / 

Please Print Name

Upon completion of the claim form please return to:

GPO Box 180 Melbourne 3001

### How to Contact Us

**Mail** Catholic Church Insurances Limited  
GPO Box 180 Melbourne 3001

**Email** [claims@ccinsurances.com.au](mailto:claims@ccinsurances.com.au)

**Website** [www.ccinsurances.com.au](http://www.ccinsurances.com.au)

**Telephone** 1300 655 001

**Facsimile** 03 9934 3468