

AUSTRALIAN BAPTIST INSURANCE SCHEME

UNDERWRITTEN BY EIG-ANSVAR

Please Return to:

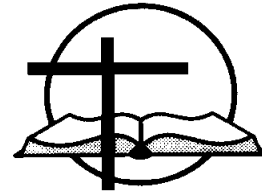
SABU

PO Box 432

UNLEY SA 5061

Phone: (08) 8357 1755

Fax: (08) 8373 8000



GENERAL CLAIM FORM

IT IS ESSENTIAL THAT THIS FORM BE RETURNED, WITH ALL QUESTIONS ANSWERED, TO SABU AT THE EARLIEST OPPORTUNITY.

NAME OF
CHURCH OR
ORGANISATION

.....
.....
.....
.....

CLAIM NO.

.....

ADDRESS

EXCESS

.....

BUSINESS PHONE NO.

.....

PRIVATE PHONE NO.

.....

EMAIL ADDRESS

.....

DATE OF LOSS:

.....

NATURE OF LOSS:

BURGLARY

ACCIDENTAL DAMAGE

FIRE

GLASS

MALICIOUS DAMAGE

OTHER

IF OTHER, PLEASE SPECIFY

DESCRIBE HOW
THE LOSS
OCCURRED.

.....
.....
.....

WAS ANOTHER PERSON
RESPONSIBLE FOR THE DAMAGE TO
YOUR PROPERTY?

NO

YES

IF YES, NAME AND ADDRESS OF PERSON RESPONSIBLE:

.....
.....

IF BURGLARY, METHOD OF ENTRY?

.....
.....

WHICH STATION?

HAVE THE POLICE BEEN NOTIFIED?

NO YES

.....
.....

WHAT STEPS HAVE YOU TAKEN TO ENSURE THE SAME LOSS DOES NOT OCCUR AGAIN?

.....
.....

COMPLETE DETAILS OVERLEAF BEFORE SIGNING BELOW

I DECLARE THAT ALL THE INFORMATION I HAVE GIVEN IS TRUE AND CORRECT.

SIGNATURE OF
CHURCH SECRETARY, TREASURER
OR ADMINISTRATOR

NAME (PLEASE PRINT)

DATE

CHECK LIST

BELOW IS A LIST OF ITEMS WE REQUIRE IN ORDER TO PROCESS YOUR CLAIM. PLEASE TICK THE BOX IF THAT ITEM HAS BEEN INCLUDED WITH THIS CLAIM FORM.

Item stolen/ damaged	Model No.	Proof of ownership	Quote 1	Quote 2	Invoice for <u>authorised</u> repairs/ purchase	Has the invoice been paid? Yes/No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PROOF OF OWNERSHIP: This could be an invoice/receipt from original purchase, a copy of the cover of the manual, a copy of the warranty or something similar to prove that the item was the property of the church/school.

QUOTES: It is important that you obtain at least two quotes before any repairs/ replacements are undertaken.

INVOICES: Please do not proceed with any repairs/purchases until authorisation has been received from SABU. Once this is undertaken, it is important that the SABU receives a copy of the invoice/receipt before reimbursement can be made.