

# Electronic Equipment Claim Form

## How to get quick action on your claim

This claim form is intended to be used for a variety of losses.

Please complete all those questions, which relate to your category of loss or damage.

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;
- Supplying supporting documentation verifying ownership of property, eg: receipts, valuations, warranty certificates;
- Supplying any repairers', or suppliers' quotations;
- Completing all relevant sections of this claim form;
- 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 or via email to: [claims@ccinsurances.com.au](mailto:claims@ccinsurances.com.au)

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

## Client details

Name of Insured

Address

Postcode

## Situation of loss – Contact person

Name

Address

Same as above (tick box if Yes)  If not, please complete address details below

Postcode

Phone

Mobile

Fax

Email address

What is your ITC%?

## Policy details & excess

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Policy no.

Period of cover  /  /  to  /  /

Client no.  Location no.  Risk no.

Policy is subject to an excess of \$  (This excess amount will be deducted from the amount you are claiming).

## Description of incident

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Date of incident  /  /  Time

Name of Student/Teacher  Serial no.

Give full details of how the loss or damage occurred

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Where did it happen? (library, admin, church, hall, gym or other)

## Police report

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Were items stolen from the property?  YES  NO *If yes, please complete address details below*

Was the incident reported to the Police?  YES  NO *If yes, please tell us*

Police Station  Crime report number

Name of Police Officer

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

## Ownership details

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

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

Owner's name

Owner's address

Postcode

Phone  Mobile  Fax

Email address

## 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 no.

Period of cover

 /  /  to  /  / 

## 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

Claim no.

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

## Spoilage of food

If you are claiming for loss/spoilage of food in the refrigerator or freezer, please attach 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

Description of property stolen, lost, damaged or destroyed	Model no.	Age or date of purchase of property	Original purchase cost	Amount claimed

**If there is insufficient space please attach further details**

## Payment

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If you would like the claims settlement to be paid via EFTPOS into your account, please complete your details below:

Account Name

Bank  Branch

BSB No.  Account No.

## 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 Financial 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, provided we have all the necessary information.

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 Catholic Church Insurances Limited.

If you are not satisfied with our decision, you are free to choose other external dispute resolution options, which may include:

- State and territory review tribunals, such as the Victorian Civil & Administrative Tribunal (other states may have similar tribunals)
- Mediation or Arbitration (where you and we agree to use this option)
- Court proceedings.

# 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  
or via email to [claims@ccinsurances.com.au](mailto:claims@ccinsurances.com.au)

#### 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

 **Catholic Church  
Insurances Limited**  
*Serving Church*