



CATHOLIC CHURCH UNDERWRITING AGENCY

Managers: Mahony & Company Ltd
PO Box 2626, Auckland
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GENERAL CLAIM FORM

Claim No: _____

Name of Insured: _____

Postal Address: _____

Telephone No: _____ Fax No: _____ email address: _____

Date of Event: _____ Time: _____

1. Where did event occur? _____

2. What happened, how did it happen and why? _____

3. If claim is for Loss by Burglary, how was entry gained? _____

4. Name(s) and address(es) of person(s), if any, responsible: _____

5. Name(s) and address(es) of witness(es), if any _____

6. Have the Police been notified? _____ Date Reported: _____

Which Station? _____

(The Police must be notified of Burglary or Theft claims. Please attach their report form)

7. What action has been taken to reduce your loss? _____

8. Details of any salvage: _____

9. Are you the sole owner of the property which is the subject of claim? _____

10. Is there any other insurance on the property which is the subject of this claim? _____

11. Have you ever made a claim against any Insurance Company? _____

12. Have you ever had any claim declined? _____

13. Have you ever had any insurance declined? _____

14. Are you registered for GST? _____ If Yes, please advise your GST number _____

DECLARATION

I/We do hereby declare that the foregoing answers are true and correct, that I/We have in no manner misrepresented the matter nor withheld any information AND I/We hereby undertake and agree to notify Catholic Church Underwriting Agency (CCUA) immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of CCUA to return the property or to refund the amount of money received by way of compensation in respect thereof.

Dated at _____ this _____ day of _____ 20____

Witness: _____

Address: _____

Signature: _____

Please complete schedule on reverse

LOSS SCHEDULE

| <i>Item No.</i> | <i>Description of Property Damaged or Lost</i> | <i>Year Purchased or Age</i> | <i>Present Replacement Value in new condition</i> | <i>Cost of Repairs if damaged</i> | <i>Amount claimed</i> |
|-----------------|--|------------------------------|---|-----------------------------------|-----------------------|
| | | | | | |

Total Claimed

\$

(Less Depreciation)

\$

(Less Deductible)

\$

Amount Claimed

\$

Please attach any repair accounts, purchase receipts or other proof of ownership and/or Acknowledgement from Police as appropriate to the claim