



The Methodist Church of New Zealand Te Hāhi Weteriana o Aotearoa

Administration Division Insurance Fund Claim Form
 PO BOX 931, CHRISTCHURCH 8140 03 366 6049 insurance@methodist.org.nz

NAME OF INSURED	CONTACT PHONE NUMBER/S	EMAIL ADDRESS

DATE & TIME CLAIM OCCURRED	PLACE/PREMISES CLAIM OCCURRED
	IS THE BUILDING ARMED AND DID THE ALARM SOUND?

DESCRIBE IN FULL HOW CLAIM OCCURRED; WHEN DISCOVERED; NATURE OF DAMAGE:

DESCRIPTION OF PROPERTY LOST DAMAGED (STATE EACH ARTICLE SEPARATELY)	PURCHASE PRICE & DATE	PRESENT COST OF REPLACEMENT*	VALUE OF SALVAGE	AMOUNT CLAIMED*

*PROVIDE DOCUMENTARY SUPPORT (EG INVOICES ETC) TOTAL:

FOR OFFICE USE ONLY	CLAIM #	ENTITY ID	RISK ID
DATE CLAIM APPROVED			
BY			
AMOUNT APPROVED			
EXCESS DEDUCT/INVOICE			
AMOUNTS PAID			

SUPPLEMENTARY QUESTIONS TO BE COMPLETED IF APPLICABLE

ALL RISK, BURGLARY & THEFT CLAIMS

HAVE POLICE BEEN INFORMED	REPORTED BY	DATE REPORTED	POLICE STATION REPORTED TO

N/B PLEASE ATTACH THE POLICE "COMPLAINT ACKNOWLEDGEMENT FORM" AS CLAIMS WILL NOT BE ACCEPTED WITHOUT EVIDENCE THE POLICE HAVE BEEN ADVISED

INVESTIGATION

PLEASE INDICATE WHAT STEPS ARE TO BE TAKEN TO PREVENT A FURTHER RECURRENCE OF CLAIM:

PUBLIC LIABILITY CLAIMS

(NOTE—THE INSUREDS SHOULD NOT DISCLOSE TO CLAIMANTS THEY ARE INSURED, OR ADMIT LIABILITY FOR ANY ACCIDENT)

NAME & ADDRESS OF OWNER OF PROPERTY DAMAGED	
WAS THE OWNER OF THE PROPERTY DAMAGED, IN YOUR SERVICE, OR IN THE SERVICE OF ANY CONTRACTOR OR SUB-CONTRACTOR	
HAS A CLAIM BEEN MADE ON YOU, IF YES, STATE DETAILS & ATTACH RELEVANT DOCUMENTS	
NAME & ADDRESS OF WITNESS OF ACCIDENT (N/B THIS INFORMATION IS THE UTMOST IMPORTANCE)	
NAME OF INSURER OF ANY PROPERTY DAMAGED	

OTHER INSURANCE

DO YOU HOLD ANY OTHER INSURANCE UNDER WHICH A CLAIM FOR THIS LOSS, DAMAGE OR ACCIDENT MAY BE MADE? IF YES PLEASE STATE FULL DETAILS:

DECLARATION TO BE COMPLETED BY CLAIMANT

I/WE DECLARE THAT TO THE BEST OF MY/OUR KNOWLEDGE & BELIEF, THE FOREGOING STATEMENTS & PARTICULARS ARE TRUE & CORRECT; & I/WE UNDERTAKE TO RENDER EVERY ASSISTANCE IN MY/OUR POWER IN DEALING WITH THE CLAIM, INCLUDING NOTIFYING THE INSURANCE FUND OF ANY RECOVERED ITEMS IMMEDIATELY, & AT THE FUND'S OPTION EITHER RETURN THE RECOVERED ITEMS, OR THE REPLACEMENT ITEMS, OR REFUND THE MONIES PAID.