



LUTHERAN CHURCH OF AUSTRALIA  
 INSURANCE FUND  
 ABN: 19 099 640 743  
 175 ARCHER STREET  
 NORTH ADELAIDE SA 5006  
 Telephone: (08) 8360 7200 Facsimile: (08) 82671722  
 E-mail: insurance@lll.org.au

## GENERAL CLAIM FORM

### NOTES

- Claims must be notified to the Fund promptly.
- A detailed account of all articles lost, damaged or destroyed and their current value must be supplied within 30 days of the occurrence.
- Any loss by theft or any wilful or malicious damage must be immediately advised to the Police and reasonable steps taken to trace and recover any missing property.

**To avoid delay and to ensure payment of claims, attach invoices and quotes showing itemised details of cost.**

### INSURED/CONTACT DETAILS

Name of insured:.....  
 Full contact name:.....  
 Contact Address:.....  
 Phone No: (Home) ..... (Work) .....

### CLAIM/EVENT DETAILS

Date of event: ..... / ..... / ..... at ..... am/pm or between ..... am/pm and ..... am/pm

Where did the event occur? .....

Description/Cause of loss or damage .....

Details of action taken to recover or reduce your loss .....

### LOSS BY BURGLARY OR THEFT

Describe method of entry .....

Police Station notified: ..... Report No: ..... Date .../.../.....

### DECLARATION

We do hereby declare that the foregoing answers are true and correct, that We have in no manner caused the said loss or by any fraud or wilful misrepresentation sought unjustly to benefit by the said event and that the information detailed in the Schedule appearing over the page is a true and faithful account of the actual loss sustained.

And We hereby undertake and agree to notify the LCA Insurance Fund immediately if any of the loss or stolen property mentioned in this claim is subsequently recovered, and at the option of the LCA Insurance Fund 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.....

Signature of Insured.....Position.....

# CLAIM SCHEDULE

**Please complete for property claims (loss/theft/damage)**

Description of Property for which loss is claimed	Purchase Date	Repairer/Supplier	Replacement/Repair Cost (inc GST)

Total Property Claim \$.....

**Please complete for fusion claim**

Machine/Appliance	Maker	Purchase Date	HP of Motor	Repairer	Repairs Cost (inc GST)

Total Fusion Claim \$.....

## Summary of Claim

Total amount claimed including GST \$

Less GST \$

(Theft & Accidental Damage claims \$500, all other \$100) Less Excess \$

NET CLAIM \$

**Send completed form with invoices to:**  
**LCA Insurance Fund**  
**PO Box 45**  
**North Adelaide SA 5006**
