

LOSS NOTIFICATION FORM



Risk Management Service

Certificate Number (if applicable) _____
Name / Organisation _____
Phone Number _____ Fax Number _____
Postal Address _____
_____ State _____ Postcode _____
Email Address _____
Date of Incident _____ / _____ /20 _____ between _____ am/pm and _____ am/pm
Where did event occur? (i.e. Specific room/building) _____

What happened, how did it happen and why? (Provide as many details as possible) _____

If loss due to criminal activity please answer:

If claim for loss by burglary or theft, describe method of entry _____
Please indicate whether there is/was an operating security alarm system installed in section of building from which loss occurred. YES NO
Name/s and address/es of person/s, if any, responsible _____

Have police been notified? _____ If so, what station? _____ Date _____
(Note: Police must be notified in all instances involving criminal activity) Report Number _____

Describe action taken to reduce this loss _____

Describe action taken to prevent similar losses in the future _____

Are you the sole owner of the property which was damaged or lost? _____

Is there any other insurance on the property which was damaged or lost? If so, please supply details _____

FOR AUSTRALIAN ORGANISATIONS ONLY

- A. Please indicate your ABN _____
- B. Are you entitled to claim an input tax credit for the GST on your contributions/premiums? Yes No
If you ticked 'Yes' and your entitlement is less than 100% of the GST please indicate % of the GST. %
- C. Are you entitled to claim an input tax credit for the GST on the costs which are the subject of this claim? Yes No
If you ticked 'Yes' and your entitlement is less than 100% of the GST please indicate % of the GST. %

DECLARATION

We do hereby declare that the foregoing answers are true and correct to the best of our knowledge and belief and that the information detailed in the Schedule is a true and faithful account of the actual loss sustained, and hereby undertake to notify the RMS immediately if any of the lost or stolen property is subsequently recovered, and at the option of the RMS to return the property or refund the amount of money received by way of compensation in respect thereof.

Signed Official Title Date / /

Please forward to your Conference, Union, Division or institution CFO for countersigning

Countersigned (Officer of Conference or Institution)

NOTE: Take care to complete all details including schedule on the next page of this form

Seventh-day Adventist Church (Division Services) Limited
A.C.N. 113 941 307

SCHEDULE OF PROPERTY DAMAGED OR LOST

Item	State if lost or give details of damage	Serial No. and/or Year Acquired	Cost to Replace *		Cost of Repairs *		FOR RMS OFFICE USE ONLY	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
					FOR RMS OFFICE USE ONLY			
<p>* <u>IMPORTANT</u> * Attach a receipt, invoice or quote for <u>EVERY</u> item</p>					Total of Damage/Loss			
					Less Excess (if applicable)			
					TOTAL after excess			