



**Federation of  
Parents and Citizen's Associations  
of New South Wales** committed to public education



Locked Bag 40, Granville 2142  
Fax: 1800 655 866  
Email: [insurance@pandc.org.au](mailto:insurance@pandc.org.au)  
Website: [www.pandc.org.au](http://www.pandc.org.au)

Phone: 1300 885 982

**Claim Number:**

*Office Use Only*

**Property Claim Form - POLICY NO: 05A0074309**

**A separate claim form must be filled for each occurrence.**

Name of School

School Address

Contact Person

Day time Contact Number and or email address

<input type="text"/>	<input type="text"/>
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Type of Occurrence

<b>Theft</b> Yes/No ( Please Circle)	<b>Food Spoilage</b> Yes/No (Please Circle)	<b>Fusion</b> Yes/No (Please Circle)	<b>Loss/Malicious</b> Yes/No (Please Circle)	<b>Damaged</b> Yes/No (Please Circle)	<b>Other</b> Yes/No (Please Circle)
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Occurrence date

How did the loss occur?

If Theft /burglary, were there any visible signs of forced entry to the building

If yes please give details (Method of entry)

If Theft occurs Police Must be Notified, Please advise of the Police Event No and Police Officer

Police Event No:	Police Officer:
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Type of appliance /and the age of the motor?

Who is responsible/owner of the equipment?

Has the appliance been repaired before, if yes when?

Name of Repairer (Invoice/receipts to be attached)

Has any previous claim been paid? If yes When? What amount?

**Your ABN Number**

**It is important that you provide your ABN (Australian Business Number) even if your Association is not registered for GST. Your claim will not be processed until you provide an ABN.**



**IMPORTANT NOTICES**

**Claims**

This policy does not provide cover in relation to events that occurred before the contract was entered into.

**Excess**

An excess is applicable when we pay you for your claim. An amount of \$50.00 applies for claims up to \$999.00 and \$150.00 for claims \$1000.00 and over.

**Cover**

The Company will, at its option:

- (a) reinstate or repair the property or any part thereof; or
- (b) pay the cost of such reinstatement or repair subject to due allowance for wear, tear, depreciation or betterment, but the Company will not be liable to make any payment until the cost of reinstatement or repair is actually incurred; or
- (c) pay to the Insured the value of the property at the time of the destruction, loss or damage.

**Non-Disclosure**

If you fail to comply with your duty of disclosure the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

**DECLARATION**

*I/We hereby declare that the property claimed for has been lost, destroyed or damaged in the manner described and that the details on the form are true and correct to the best of my/our knowledge and belief.*

*I/We understand if any claim is in any respect fraudulent or if any fraudulent means including exaggeration of the claim are used to obtain benefit all benefit under the policy shall be forfeited.*

*I/We agree to provide the insurers with any further information or documentation as may be reasonably required.*

Signed.....Date.....

Submit your claim form and documentation (receipts/invoices) to Federation of Parents and Citizens' Associations of NSW.  
Locked Bag 40, GRANVILLE NSW, 2142.