



# CATHOLIC CHURCH INSURANCE ASSOCIATION

Oakley House • Mill Street • Aylesbury • Bucks • HP20 1BN  
T 01296 422030 F 01296 428049 [www.ccia.org.uk](http://www.ccia.org.uk)

## FORM 2

### THE CATHOLIC NATIONAL MUTUAL LIMITED

#### Claim Form for Loss or Damage by Theft (For other claims use Form 1)

#### Guidance for Completion

All claims must be notified immediately to **Catholic Church Insurance Association, Oakley House, Mill Street, Aylesbury, Buckinghamshire HP20 1BN**. If possible, the completed claim form should be submitted within 14 days of notification and full claim details forwarded within 3 months from the date of the incident. Delay could prejudice your claim.

#### Procedure

Claims for loss or damage where replacement or reinstatement is expected to cost:-

a) UP TO £1,000 (Inc. VAT)

Work may proceed on replacement or reinstatement as soon as possible, provided the Claim Form has been forwarded. Please make payment and then forward the receipted account.

b) £1,000 - £3,000 (Inc. VAT)

Two estimates must be obtained and forwarded. Work must not proceed or reinstatement be effected (other than emergency work) until approval from insurers or their approved adjusters has been given.

c) OVER £3,000 (Inc. VAT)

Work must not proceed (other than emergency work) until a Loss Adjuster has visited the property who will then give advice as to the procedure to be adopted.

Professional advisers (Architects, Surveyors and Engineers) should NOT be instructed on any potential Insurance Claim until such time as authority has been given, either by CCIA or adjusters appointed on behalf of Insurers.

#### Contact Numbers:

|  |  |
|--|--|
| During Office Hours  | Tel: 01296 422030 Fax: 01296 428049                            |
| <u>Outside office hours:</u><br>Steve Aldersley<br>John Rogers | 01494 812029 or 07971 264 497<br>01296 429968 or 07501 469 603 |



# CATHOLIC CHURCH INSURANCE ASSOCIATION

## THE CATHOLIC NATIONAL MUTUAL LIMITED

### Claim Form for Loss or Damage by Theft (for other claims use Form 1)

Please return completed claim for as soon as possible to:

**Catholic Church Insurance Association, Oakley House, Mill Street, Aylesbury, Buckinghamshire HP20 1BN**

Tel: (01296) 422030 Fax: (01296) 428049

#### PLEASE COMPLETE CLAIM FORM IN BLOCK CAPITALS

1. Name of Diocese
2. Name of Parish
3. Usage of Building  
(e.g. Presbytery, Church, Hall, School etc.)
4. Address of loss or damage
5. Name and telephone number of person  
dealing with claim
6. Time and date of loss or damage  am/pm on
7. How was entry effected?
8. Who discovered loss or damage?
9. Date Police were advised
10. Police Station and  
Crime Reference Number

11. Do any other persons have knowledge of the circumstances? Yes  No   
If yes please provide details below:

| Name(s) | Address |
|---------|---------|
|         |         |
|         |         |

12. Approximate age and construction of building  
e.g. brick, stone, slate, tile
13. Was the building vacant or disused? Yes  No   
If no please advise if the building was occupied/unoccupied
14. Was the building locked and fully secured? Yes  No
15. Is there an alarm system? Yes  No
16. Has an electrical test been carried out by an approved  
electrical contractor? Yes  No   
If yes please advise date of test
17. Was SmartWater applied? Yes  No
18. Were SmartWater signs displayed? Yes  No



# CATHOLIC CHURCH INSURANCE ASSOCIATION

## PARTICULARS OF CLAIM

It will enable us to handle your claim more quickly if you are able to provide the make and model numbers of electrical equipment.

| 1.<br>Full description of property destroyed, lost or damaged. | 2.<br>Name of owner | 3.<br>Date of purchase | 4.<br>Original purchase price | 5.<br>Amount claimed |
|--|---------------------|------------------------|-------------------------------|----------------------|
|  |                     |                        |                               |                      |
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|  |                     |                        |                               |                      |
|  |                     |                        |                               |                      |

**Do not delay in returning the claim form - estimates for building repairs and replacement goods may be sent at a later date**

In the event of the loss falling correctly for consideration under the terms of the policy please confirm the 'PAYEE' for any payments due:

### Declaration

I/We hereby confirm that the foregoing answers are true and complete.

I/We hereby claim for the loss or damage as set out below.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_