



Fiji Bank & Finance Sector Employees Union

P.O.Box 853, 14 Macgregor Road, Suva, Fiji.
Email: info@fbfseu.org.fj

Phone: (679) 3301827
Website: www.fbfseu.org.fj

DISASTER ASSESSMENT FORM

DISASTER CT: **Fire** **Floods** **Earthquake**

Members Name: D/B:

Address: FNPF No:

Private: Tel No: Business Tel No:

Mobile No: Fax No:

Email:

Employer: Branch:

Residential Address of Member:

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Utility Account name: FEA Account No: / Water Account number:

Bank Account Details: Account Number: Account Name:

Bank name:

Name of Union rep/Liaison Officer:

Contact No of Rep/Liaison officer

Natural Disaster Details and limits

Fire : (Limit \$250.00) / Cyclone / Hurricane: (\$250.00) / Floods: (Limit \$250.00)

Earthquake: (Limit \$250). Note: If flooding is due to cyclone/hurricane then 1 limit will apply.

Date of loss : Time: (Pls specify am OR pm)

Exact Location of the Property

Give details of damages:

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DECLARATION BY MEMBER MAKING CLAIM

I (member 's name) declare that:

- 1. The information and answers given above are correct to the best of my knowledge and belief.
- 2. I understand the claim may be refused or reduced if information is withheld .

Signature:

Date:

DECLARATION BY ASSESSMENT OFFICER

I (Assessment Officer's name) declare that:

- 1. I have assessed the damages at the residential address stated in this form and that the information and answers given above are correct to the best of my knowledge and belief.
- 2. I understand the claim may be refused or reduced if information is withheld.

Signature:

Date:



All correspondence must be addressed to the National Secretary