



Fiji Bank & Finance Sector Employees Union

P.O.Box 853, 40 Disraeli Rd 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:

.....

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*