



Catholic Church Insurances Limited

A.C.N., 000 005 210

Head Office Claims: Level 1, 324 St Kilda Road, Melbourne, 3004.
 Telephone (03) 9 696 3733 Facsimile (03) 9 696 4056
 Calls outside Melbourne metropolitan area 1800 011 028 toll-free
 G.P.O. Box 180 B, Melbourne, Vic. 3001.

In all circumstances where a Claim is made or anticipated against your Policy, CCI requires you to complete this form and return it to the Address stated above, together with any letter of demand, reports or statements, etc., relevant to the occurrence. Please assist us by completing all sections as fully as possible.

SPECIAL ISSUES/ ETHICAL STANDARDS CLAIM FORM

Nominated Insured: DIOCESE OF ROCKHAMPTON / CONGREGATION OF THE SISTERS
 (Diocese/ Religious Institute)
 OF MERCY OF THE DIOCESE OF ROCKHAMPTON

Address: PO Box 611 ROCKHAMPTON
(168 WILLIAM ST ROCKHAMPTON) Post Code 4700

Contact Person Name REV. J. GRACE Phone No. **REDACTED**

Against which Institute/School is the Claim made: 1) CORPORATION OF THE SISTER OF MERCY
OF THE DIOCESE OF ROCKHAMPTON
2) ROMAN CATHOLIC TRUST CORPORATION FOR THE DIOCESE OF ROCKHAMPTON

Identity of "alleged" offender (Name in Full): RW. FR. JOHN ANDERSON

Identity of "alleged" victim (Name in Full): AYQ

Date/s of "alleged Incident": 1944 - 1949.

Was there any Police involvement: NO

Please state the Name of the Officer and the Police Station: N/A

IMPORTANT:	Please indicate the date on which the Diocesan/Religious Authorities first became aware of this incident or any other incident involving this offender: Date <u>OCTOBER 1993</u>
	To whom was it advised <u>DIOCESAN ARCHIVIST / ^{Thom} BISHOP HEENAN</u>
Has a Special Issues Incident Report previously been completed in respect of this Incident? YES/NO	
If the Incident has been previously declared please attach a copy of the original declaration.	

Details of alleged Incident: Allegations of a sexual nature regarding
the abuse of a minor, as detailed in the
attached document.

If insufficient space please continue overleaf

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM

Details of alleged Incident (cont'd): _____

**If you receive a request for compensation please do not respond to it without reference to CCI.
 Also note that no admission of liability may be made without the specific consent of CCI.**

I am authorised by the Nominated Insured to declare that the above statements are true and correct.

Signed *[Signature]* On behalf of *Diocese of Rockhampton*
Diocese/Religious Institute)

Date *20-9-95*

B.M. Lock - *Congregational Leader, Sisters of Mercy, Rockhampton.*

FOR OFFICE USE ONLY

INSURANCE POLICIES APPLICABLE:

1. **Public Liability Policy**

2. **Special Issues/Ethical Standards Policy:**

Limit per Offender	\$ 1 million
Aggregate:	\$
Deductible per Offender/Claim	\$25,000
Retroactivity:	<u> / / </u>

3. **Brief Details**

Date of Incident:	<u> / / </u>
Date First Declared to CCI:	<u> / / </u>
Date First Brought to Client's Notice:	<u> / / </u>
Policy Year:	<u> / / </u>

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM