### Education Laptop Insurance Incident Notification Form

The issue of this form is not an admission of liability on the part of the Insurer or their Agents.

<table>
<thead>
<tr>
<th>Students Name:</th>
<th>Contact Details</th>
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<tr>
<th>School:</th>
<th>Baden Powell P-9 College - Derrimut Heath</th>
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<tr>
<th>Address:</th>
<th>31 Sycamore St, Hoppers Crossing, 3029</th>
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#### Type of Equipment:

- **Brand:** Acer
- **Model Number:** One 533
- **Serial Number:**

Do you have Home Contents Insurance? Yes/No

Insurance Company:

Have you lodged a claim with this Insurer? Yes/No

Was the matter placed in the hands of the Police? Yes/No

Police Report Number:

Station:

Name of Officer:

Briefly describe how the loss or damage occurred:

When did loss or damage occur: Time: Date: ___/___/____

Location at which loss or damage occurred:

If a loss or theft claim, where on the premises/vehicle was entry gained? Who discovered the loss or damage? Names of other persons present when discovery was made: Details:

If YES, Please provide a copy of the repair invoice / quote for the property damage caused by the forced entry. If you are not responsible for the property repairs, please provide contact details of those that are:

#### Declaration

I declare that all information I have provided in relation to this claim is true and correct. I also agree to allow the Insurer and/or their Agents, to discuss details of this claim with the Police, any Insurance and/or Finance Company, and/or their Agents, and if necessary permit the Insurer and/or their Agents to utilise this claim form for the purposes of making a Dual Insurance claim against any Insurance Policy that may also cover the equipment. Where necessary, I also agree to allow the disclosure of the Payout & Purchase Figure of the item/s described and the Payment History of the contract to be disclosed to the Insurer and/or their Agents.

Parent Name: 

School Representative Name: 

Signature: 

Date: 

Signature: 

Date: 

This claim will be managed by: IT Claims Services (ABN: 67 065 019 187) P.O. Box 6101 Booran Road Caulfield South Victoria 3162 Ph: 1300 650 083 Fax: 03 9277 7767