



Education Laptop Insurance Incident Notification Form Damage Only

I Broker Pty Ltd
ABN 33 115 685 302
AFSL 299814
P.O. Box 354
Wandong Vic 3758
Phone/Fax 1300 389 083
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This claim will be managed by:
IT Claims Services (ABN 67 065 019 187)
PO Box 6101 Booran Rd Caulfield South VIC 3162
E: claims@itclaims.com.au Ph: 03 95782600 Fax: 03 9277 7767

School Name: _____

Student Name: _____ Student Year: _____

School/Parent Contact: _____

Business Phone: _____ Mobile Phone: _____

Email: _____

PLEASE ANSWER ALL QUESTIONS.

Type of Equipment:

Brand: _____ Model Number: _____ Serial Number: _____

When was the equipment supplied? ___/___/___

Is there any pre-existing damage on the notebook? Y / N If yes, please describe: _____

Is the equipment financed? Y / N

If yes, please advise the name of the financier and the contract number? _____

Describe how the loss or damage occurred and/or was discovered:

When did damage occur or was discovered? Time: ___:___ am/pm Date: ___/___/___

Location: _____ Did anybody cause the damage?

If yes, please advise: _____

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). Where necessary, I also agree to allow the disclosure of any finance Payout & Purchase Figure of the item/s described and the Payment History of any finance contract to be disclosed to the Insurer and/or their Agents.

Parents whose child is not of legal age must ensure this form is fully completed by discussing with the child before signing.

Parent's Name: _____ Signature: _____ Date: ___/___/___

School Representative Name: _____ Signature: _____ Date: ___/___/___