



Incident Notification Form

I Broker Pty Ltd

ABN 33 115 685 302

AFSL 299814

P.O. Box 354 Wandong Vic 3758

Phone 1300 389 083

info@ibroker.net.au

Please email the claim form to:

E: claims@itclaims.com.au

Ph: 03 9578 2600

ALL questions MUST be answered!

School Name: **Waverley College- 131 Birrell Street, Waverley, NSW, 2024**

Student Name: _____ Student Year: _____

School/Parent Contact: **iAssist Team**

Business Phone: **02 9369 0721** Mobile Phone: _____

Email: **iassist@waverley.nsw.edu.au**

Do you wish to have any claim correspondence emailed to you? **NO**

Address: _____

Who owns the equipment? **Waverley College**

Are you registered for GST? **YES** If Yes, What Percentage of GST are you claiming? **100%** Your ABN: **88163305535**

Type of Equipment:

Brand: **Apple** Model Number: _____ Serial Number: _____

When was the equipment supplied? ____/____/____ Is the equipment financed? **YES**

Describe IN DETAIL how the damage occurred or was discovered or how the equipment was lost or stolen:

When did loss or damage occur? Time: ____:____ am/pm Date: ____/____/____ Location: _____

Do you know who stole or damaged the equipment? If yes, please advise: _____

Does the family have Home Contents, Personal Effects or Travel Insurance: Yes/No Have you lodged a claim with this insurer: Yes /No

Insurance company: _____ Policy number: _____ Claim number: _____

Does the school have an ISR Policy that may cover this claim? Yes/No Has a claim been lodged with this insurer: Yes /No

Insurance company: _____ Policy number: _____ Claim number: _____

Was the matter reported to Police: Yes / No Police Report Number: _____

Station: _____ Name of officer: _____

Were there any signs of forced entry: Yes / No **Please send photos or a repair invoice of the damage caused.**

Please describe the damage to the property or vehicle: _____

If yes, where on premises/vehicle was entry gained: _____

Additional information may be requested for theft or lost claims and this will be advised once the claim is submitted.

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 to obtain any documents and/or discuss details of this claim with the Police, any Insurance and/or Finance Company (and/or their Agents), and if necessary permit the insurer to utilise this claim form for the purpose of making a Dual Insurance claim against any Insurance Policy that may also cover the equipment. We also agree to allow the insurer to receive any Refunds or Pro Rata Refunds directly from the manufacturer or other provider for any Extended Warranty Products or any other Service to be used as contribution towards the settlement of this claim. 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.

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: ____/____/____

School Representative Position: