

ASSOCIATION OF SCHOOL COUNCILS IN VICTORIA

SCHOOLPAC GENERAL CLAIM FORM

The issue of this form is not an admission of liability

FROM: (insert Name of School)

TO: JUA Underwriting Agency Pty Ltd Ph: (02) 8272 4800 Fax: (02) 9247 2411
Royal Exchange Post Office, Locked Bag 11 SYDNEY NSW 1225

- 1. Name of School Tel No.
- 2. Postal Address Postcode:
- 3. Contact Name
- 4. Date of Event Time:
- 5. Please give a Detailed Description of how the loss or damage occurred (if insufficient space please attach a further sheet):
- 6. Amount Claimed (as shown on schedule on reverse side of this form) \$

- 7. Name and Address of the person who caused the loss or damage?
- 8. Name(s) and address(es) of witness(es), if any.

9. If claim for loss by Burglary or Theft, describe method of entry.

The police must be notified of all malicious damage and thefts.

- 10. When was the property last seen?
- 11. Have Police been notified? If so, what station? Date:
- 12. Crime Report No.

13. What action have you taken to recover or reduce the amount of this loss?

- 14. (a) Are you the owner of property lost/damaged
- (b) Name of any other interested party (e.g. Mortgagee, Trustee)
- (c) Details of other insurance covering damaged property

DECLARATION

I/WE do hereby declare that foregoing answers are true and correct, that I/WE have in no manner caused the said loss or by any fraud or wilful misrepresentation sought unjustly to benefit by the said event and that the information detailed in the Schedule appearing on the back hereof is a true and faithful account of the actual loss sustained.

AND/WE hereby undertake and agree to notify the Company immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of the Company to return the property or to refund the amount of money received by way of compensation in respect thereof.

Date at this day of 20

Witness:
Address:

Signature

N.B. PLEASE COMPLETE SCHEDULE ON BACK.

DOCUMENTATION REQUIRED: Please attach hard copy of the equipment details from your School Asset Management System (SAMS) if applicable, OR the original purchase invoice or receipt for repairs.

SCHEDULE

(1) PLEASE COMPLETE FOR **LOSS** OF PROPERTY:
(for electrical goods please include make, model and date purchased)

Description of property for which loss is claimed	Date of Purchase or Acquisition	Current Replacement Cost	Value at time of Loss allowing for reasonable Depreciation	Value of Salvage (if any)	Amount of loss or Damage Claimed
TOTAL AMOUNT OF LOSS CLAIMED					

(2) PLEASE COMPLETE FOR **DAMAGE** TO PROPERTY:

Particulars	Name of Repairer (Invoice/Quote)	Cost of Repairs	
TOTAL REPAIRS			
TOTAL AMOUNT OF LOSS CLAIMED			

To facilitate Settlement via EFT, please supply

BSB _____ **Account Number** _____ **& Account Name** _____