

IF YOUR CLAIM IS FOR DAMAGE PLEASE COMPLETE THIS SECTION

Date of incident

Time of incident:

Date incident discovered

Time incident discovered

Who was in charge of the equipment when the incident occurred:

Where did the incident occur:

- Home School Work Travelling Other

Where exactly did the incident occur, e.g. in the lounge, classroom etc:

What type of incident occurred (tick all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Dropped equipment | <input type="checkbox"/> Fell whilst carrying equipment | <input type="checkbox"/> Fire damage to equipment |
| <input type="checkbox"/> Heat damage to equipment | <input type="checkbox"/> Item fell on equipment | <input type="checkbox"/> Item shut inside equipment |
| <input type="checkbox"/> Knocked off furniture | <input type="checkbox"/> Knocked out of hands | <input type="checkbox"/> Liquid spillage |
| <input type="checkbox"/> No incident took place | <input type="checkbox"/> Pet damage | <input type="checkbox"/> Power surge to equipment |
| <input type="checkbox"/> Sat on equipment | <input type="checkbox"/> Smoke damage to equipment | <input type="checkbox"/> Stood on equipment |
| <input type="checkbox"/> Other (give details) | <hr/> | |

What type of damage occurred (tick all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Casing damage | <input type="checkbox"/> Cracked screen | <input type="checkbox"/> Damage to ports |
| <input type="checkbox"/> Equipment in pieces | <input type="checkbox"/> Equipment malfunctioning | <input type="checkbox"/> Equipment not charging |
| <input type="checkbox"/> Equipment scratched | <input type="checkbox"/> Equipment will not start | <input type="checkbox"/> Liquid spillage to keyboard |
| <input type="checkbox"/> Liquid spillage to screen | <input type="checkbox"/> Screen display affected | <input type="checkbox"/> Other (give details) |
-

How did the incident occur (please provide as much detail as possible):

Where were you located when the incident occurred:

Name of any person, excluding the claimant, who you feel is responsible for the incident:

If another person is responsible for the incident, how were they responsible:

Did anyone else witness the incident?

Yes

No

IF yes, please provide their name and contact details:

When the incident occurred was the equipment in a case?

Yes

No

IF YOUR CLAIM IS FOR THEFT PLEASE COMPLETE THIS SECTION

Date of theft

Time of theft:

 AM/PM
 AM/PM
 AM/PM

Date theft discovered

Time theft discovered

Date equipment last seen

Time equipment last seen

Who was in charge of the equipment when the theft occurred:

Where did the theft occur:

Home School Work Travelling Other

Please provide further details, e.g. equipment stolen from the lounge::

How did the theft occur:

Where were you located when the theft occurred:

If the theft was from your premises or vehicle, how was access gained (please provide as much detail as possible)

Date reported to police

Time reported to police

 AM/PM

Police reference:

Police station address including postcode:

Police station tel no.:

Name of individual who you reported the theft to:

DECLARATION & PAYMENT

The details you supply will be used to administer your claim and to combat fraud. The above answers to the questions will be the basis of the assessment of your claim.

All material facts must be disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy. If you are in any doubt as to whether a fact is material, you must disclose it.

I/We submit my/our claim for the amount stated and declare that, to the best of my/our knowledge and belief, all information given on this form is true and correct, as will be my/our response to any further enquiries made by Compucover.

The excess for the insurance claim is £50 unless the student in charge of the ipad is on free school meals in which case it is £10. When we have the completed form back we will add this item to their parent pay account and it will need to be paid before the ipad is returned.

I agree to pay the appropriate excess by parent pay when it gets added to my child's account and before the ipad is returned.

Signed : _____ Date: _____