claim form

Claim forms must be completed in full. Policy Number and Date Purchased to be completed by school.

Devices must have "Find my iPad" turned off before giving into the school IT Office for processing.

To do this, click on Settings, then click on the name at the top of the page, then scroll to the bottom and click Sign Out. Where the screen is too damaged this step can be skipped.

iPad will need to be shown to Mr Cairns, and then brought to the IT Office to be processed and sent to the appropriate insurance team.

1 - YOUR DETAILS

(Individual and/or organisation submitting the claim)

Title: Mr

Firstname: Mark

Surname: Houghton

Address: St Vincents Rd

Postcode: PR2 8RA

Organisation(if applicable): Archbishop Temple School

Contact Number (9am-5pm): 01772 717782

E-mail: mark.houghton@archbishoptemple.com

Policy Number:

Date insurance purchased:

2 - CLAIM TYPE

Is the claim for:-

☐ Theft/Loss — Complete sections 3,5,6,7 and 8

☐ Damage — Complete sections 4,5,6,7 and 8

3 - THEFT/LOSS CLAIMS

Date and time of theft/loss:

Date and time theft/loss discovered:

Date and time the equipment was last seen:

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

Where did the theft/loss occur: ☐ Home ☐ School, college etc. ☐ Work ☐ Travelling ☐ Other

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

How did the theft/loss occur:

Where were you located when the theft/loss occurred:

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

3 - THEFT/LOSS CONTINUED

If the incident was reported to the police please fill in the details below, for theft claims this information MUST be provided, failure to do so may delay your claim.

Date and time reported to the police: _____

Police reference: _____

Police station address including postcode: _____

_____

Police station telephone number: _____

Name of the individual who you reported the theft/loss to: _____

4 - DAMAGE CLAIMS

(Please ensure all data is backed up prior to collection of your equipment)

Date and time of incident: _____ Date and time of discovery: _____

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

Where did the incident occur: ☐ Home ☐ School, college etc. ☐ 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):

☐ Dropped equipment ☐ Fell whilst carrying equipment ☐ Fire damage to equipment

☐ Heat damage to equipment ☐ Item fell on equipment ☐ Item shut inside equipment

☐ Knocked off furniture ☐ Knocked out of hands ☐ Liquid spillage

☐ No incident took place ☐ Pet damage ☐ Power surge to equipment

☐ Sat on equipment ☐ Smoke damage to equipment ☐ Stood on equipment

☐ Other (give details) _____

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

☐ Casing damage ☐ Cracked screen ☐ Damage to ports

☐ Equipment in pieces ☐ Equipment malfunctioning ☐ Equipment not charging

☐ Equipment scratched ☐ Equipment will not start ☐ Liquid spillage to keyboard

☐ Liquid spillage to screen ☐ Screen display affected ☐ Other (give details)

_____

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

_____

_____

_____

4 - DAMAGE CONTINUED

(Please ensure all data is backed up prior to collection of your equipment)

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 yes, please provide the make and model: _____

5 - OTHER INSURANCES

Do you have any other insurance that may cover this incident: ☐ Yes ☐ No

If yes, please provide the insurance company and policy number: _____

_____

6 - VAT STATUS

Are you VAT registered: ☐ Yes ☐ No

If yes to the above, can you please confirm your VAT number: _____

7 - DECLARATION

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 amounts 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.

☐ Please tick the box to confirm you have read the declaration

Signed: _____ Date: _____

PLEASE ENSURE YOU COMPLETE THE EQUIPMENT DETAILS OVERLEAF

8 - DETAILS OF ITEMS STOLEN OR DAMAGED

Item	Make	Full Model Description	Colour	Serial Number	IMEI (if applicable)	Date Purchased	Where Purchased	Purchase Price (inc VAT)
1	Apple	iPad	Black		N/A	Date/Where Purchased and Price completed by school		
2								
3								
4								
5								
6								
7								
8								
9								
10								

9 - ADDITIONAL INFORMATION

If you have any additional information that will assist us with your claim, please include details below: