

IT Equipment Claim Form

For Loss, Theft, Fire, Impact and Other Damage Claims

Please answer all questions. This will help us process your claim quickly. If you need more space to answer any of the questions, please use a separate sheet of paper. Any attachments will form part of this claim report and the declaration will include them.

Claimant Name:

Department/School:

Home Phone No. Work Phone No. Mobile No.

Email:

Postal Address:

..... Postcode:

Date of Loss: Time of Loss: am/pm

Type of Loss:

Incident Description: What happened, how (e.g. if burglary, include how entry was gained and details of forced entry) and the name of any party who caused damage etc?

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Address where Loss Occurred:

..... Postcode:

Schedule (if insufficient space, provide separate list) :

- All original repair invoices, quotes or receipts must be submitted to avoid any delays in processing
- Show all values in Australian Dollars

Description of Property Lost/Damaged/Stolen:	Year Purchased	Where Purchased	Replacement or Repair Cost
			\$
			\$
			\$
			\$

Police: Have the Police been notified? (All Burglary/Theft/Malicious Damage claims must be reported) Yes No

If Yes, please provide a copy of the Police Report.

Police Station: Reporting Officer:

Police Report No. Date Reported:

Has the University been notified of the loss? (All claims must be reported) Yes No

Person Notified: Date of Notification:

Risk Management: Before settlement is considered, you are required to submit details of reasonable precautions and security improvements that you and/or the Area have undertaken to reduce future loss:

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Third Parties: Do you know who was responsible for the damage? Yes No

Name: Phone No.

Address:

..... Postcode:

Other details: (e.g. relationship to Claimant)

Witnesses: Were there any witnesses to the Event? Yes No (If yes, please complete the following)

Name: Phone No.

Postal Address:

..... Postcode:

Where was the Witness?

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Declaration:

- I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld.
- I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

Signature of Claimant: **Date:**

Print Name:

Signature of Head of School / Department or Area: **Date:**

Print Name: **School / Department or Area:**

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Once completed please return to Risk Management via e-mail riskmanagement@curtin.edu.au or via internal mail to Building 599.