

## GUIDELINES FOR LODGING A CLAIM

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### EDUCATION NOTEBOOK PROGRAMS

We have prepared the following guidelines to assist our education customers in completing the claim form. If you have any questions with regard to this information please contact Protecsure on 1300 MYCLAIM or [claims@protecsure.com.au](mailto:claims@protecsure.com.au)

### GENERAL GUIDELINES

- The claim form must be **completed** and **signed** by the School Authorised Representative or a Parent, **not the student**.
- The claim form must be submitted with a **quotation for either repair or replacement**.
- The **excess** is to be paid to the reseller either **at the time the claim is lodged or when collecting the equipment**.
- If the actual date of the damage/theft is not known, please **supply a date range** to show the period during which it occurred i.e. 14/4 – 16/4
- Please provide as much information as possible

In the policy wording, **accidental damage** means "physical damage which occurs as a result of a sudden, unforeseen and unexpected event. The event must arise from a single identifiable incident".

The policy contains other terms and conditions. These include the following exclusion relating to theft: "For loss or theft or damage from attempted theft while the equipment is unattended, except where in a locked vehicle and out of sight, or in premises reasonably secured from being accessible by an intruder or the public"

### CHECKLIST

Please **check all your answers** before submitting your claim form to avoid delays:

- Is the stated cause of damage the result of a single incident?
- Is the stated cause of damage consistent with the damage sustained and the repairs to be undertaken?
- Is the damage caused by multiple, unconnected events? If so, each event is a separate claim and requires completion of a separate claim form and excess payment.
- Have you properly described how the damage or theft occurred on the claim form?
- Have you reported the theft to the police and recorded the police report number?
- Have you considered whether this repair could be covered under warranty?

### PLEASE NOTE

The information provided in this document is for information purposes only. It is not intended to bind the Insurer in any way. Please refer to your policy wording for full details of your cover and exclusions.

# CLAIM FORM

ISSUED BY: Chubb Insurance Company of Australia Limited ABN 69 003 710 647 AFS Licence No. 239778

CLAIMS ADMINISTERED BY: Protecsure Pty Ltd ABN 26 094 997 163 AFS Licence No. 238815

The issue of this form does not constitute an admission of liability on the part of the Insurer.

**PLEASE PRINT CLEARLY IN BLOCK LETTERS**

POLICY DETAILS		
Name of Insured:		
Address Details:		
User's Name:		
Contact Details:	Phone:	Email Address:
Is there any other insurance in place that could cover this loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" please provide details below: Name of Insurer: _____ Policy Details: _____
THE EQUIPMENT		
Manufacturer and Model:		
Serial No:		
If leased, please provide contract no.:		
CLAIM DETAILS		
Date of Incident:		
Nature of Incident: (please tick)	<input type="checkbox"/> Accidental Damage	<input type="checkbox"/> Theft (Go to page 2)
ACCIDENTAL DAMAGE (if applicable)		
How did the damage occur?		
What damage was sustained?		

**THEFT/LOSS (if applicable)**

Where did the theft or loss take place?

 Home  School  Work In Transit (please state the type of transport e.g. bus) \_\_\_\_\_ Vehicle Other (please provide details) \_\_\_\_\_

Please describe how the theft/loss occurred:

Approximate time of theft/loss:

At the time of loss, how long had the equipment been left unattended?

Were the vehicle/premises locked?  YES  NO

If "NO", why not?

How was access gained to the vehicle / premises?

If stolen from a vehicle, please indicate location of equipment in the car at time of theft:

Police Notified at \_\_\_\_\_ Station, on (Date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ (am / pm)

Receiving Officer's Name:

Event / Offence Report No:

**DECLARATIONS**

I/We acknowledge that I/We have read and understood the Privacy Act information at [www.protecsure.com.au](http://www.protecsure.com.au) and consent to the collection, storage, use and disclosure of my/our personal and sensitive information so that Protecsure, as agent for Chubb will be able to process my/our claim.

I/We the Insured do solemnly and sincerely declare that I/we have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or willful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.

Further, it is understood and agreed that if any Property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the Company any sum which may have been paid to me/us in the respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

SIGNATURE OF INSURED: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT NAME: \_\_\_\_\_

Please return claim form together with requested documentation to Protecsure Pty Ltd:

POST: PO Box 1239, QVB SYDNEY NSW 1230

FAX: 02 9262 5004