



Lost or Theft Incident Notification Form

I Broker Pty Ltd

ABN 33 115 685 302

AFSL 299814

P.O. Box 354

Wandong Vic 3758

Phone 1300 389 083

info@ibroker.net.au

This claim will be managed by:
IT Claims Services (ABN 67 065 019 187)
PO Box 6101 Booran Rd Caulfield South VIC 3162
E: claims@itclaims.com.au Ph: 03 95782600 Fax: 03 9277 7767

School Name: _____
Student Name: _____ Student Year: _____
School/Parent Contact: _____
Business Phone: _____ Mobile Phone: _____
Email: _____

PLEASE ANSWER ALL QUESTIONS.

Type of Equipment:

Brand: _____ Model Number: _____ Serial Number: _____
When was the equipment supplied? ____/____/____ Is the equipment financed? Y / N
If yes, please advise the name of the financier and the contract number? _____

Describe how the theft occurred and/or was discovered:

When did loss or damage occur? Time: ____:____ am/pm Date: ____/____/____ Location: _____

Do you know who stole the equipment? If yes, please advise: _____

Do you or your parents have Home Contents or Personal Effects Insurance: Yes/No Have you lodged a claim with this insurer: Yes /No

Insurance company: _____ Policy number: _____ Claim number: _____

Does the school have an ISR Policy that may cover Electronic Equipment: Yes/No Has a claim been lodged with this insurer: Yes /No

Insurance company: _____ Policy number: _____ Claim number: _____

Was the matter reported to Police: Yes / No Police Report Number: _____

Station: _____ Name of officer: _____

Were there any signs of forced entry: Yes / No **Please send photos or a repair invoice of the damage caused.**

Please describe the damage to the property or vehicle: _____

If yes, where on premises/vehicle was entry gained: _____

Declaration

I declare that all information I have provided in relation to this claim is true and correct. I also agree to allow the Insurer and/or their Agents, to discuss details of this claim with the Police, any Insurance and/or Finance Company (and/or their Agents), and if necessary permit the Insurer and/or their Agents to utilise this claim form for the purpose of making a Dual Insurance claim against any Insurance Policy that may also cover the equipment. Where necessary, I also agree to allow the disclosure of any finance Payout & Purchase Figure of the item/s described and the Payment History of any finance contract to be disclosed to the Insurer and/or their Agents.

Parents whose child is not of legal age must ensure this form is fully completed by discussing with the child before signing.

Parent's Name: _____ Signature: _____ Date: ____/____/____

School Representative Name: _____ Signature: _____ Date: ____/____/____