



## SCHOOL INSURANCE CLAIM FORM

Claim Number \_\_\_\_\_

### IMPORTANT INFORMATION

1. Please answer questions as fully as possible. Incomplete answers may result in delays in completing claim.
2. Excesses may apply to your claim. Please refer to Deed.
3. Please send this completed form, together with supporting material (see below) and police acknowledgement form in case of burglary or theft, to your local McLarens Young International office.

### INSURED

Name of school: \_\_\_\_\_ School number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

### DETAILS

Date of loss or damage: \_\_\_\_\_

Place of loss or damage: \_\_\_\_\_

Give full particulars of how loss or damage occurred and why:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is burglary, theft of malicious damage indicated?  Yes  No

If so, has the matter been reported to the police? (Attach police acknowledgement form)  Yes  No

At which station? \_\_\_\_\_

By whom? (full name) \_\_\_\_\_

On what date? \_\_\_\_\_ File number: \_\_\_\_\_

Are the premises protected by a fully operational intruder detection device?  Yes  No

Are the premises protected by a fully operational fire protection installation?  Yes  No

If yes, give details: \_\_\_\_\_

Details of steps taken to recover or protect the property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Details of any salvage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you the sole owner of the property which is the subject of claim?  Yes  No

Is there any other insurance on the property which is the subject of this claim?  Yes  No

If yes, give details: \_\_\_\_\_

Details of previous claims: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DECLARATION

I hereby declare the foregoing particulars to be true to the best of my knowledge and belief.

Signature of insured: \_\_\_\_\_ Date: \_\_\_\_\_

# LOSS SCHEDULE

Item Number	Description of Property Damaged or Lost	Year Purchased or Age	Present Replacement Value in New Condition	Cost of Repairs if Damaged	Amount Claimed

Total Claimed \$ \_\_\_\_\_

Less Deductible \$ \_\_\_\_\_

Amount Claimed \$ \_\_\_\_\_

*Please retain any damaged items in case inspection is required.*

*Please attach any repair accounts, purchase receipts or other information appropriate to the claim.*