

**DET Covid-19 PEE Claim Form**

Please complete this form and send it by e-mail to property.claims@edumail.vic.gov.au together with scanned attachments supporting your claim.

1. **LOCATION DETAILS**

|  |  |
| --- | --- |
| School Name: | School Number: |
| Address: | Postcode: |
| Contact Person:   | Phone: |
| Contact e-mail address: | Mobile: |

1. **INCIDENT/LOSS DETAILS**

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| --- | --- |
| Date of Loss/Damage: | Time of Loss/Damage: |
| Where did the loss/damage occur: | Were there any witnesses to the incident? If yes, please provide names and contact details: |
| What is the loss/damage: | Any other relevant details: |
| Describe how the loss/damage occurred:Please provide evidence such as photos of damage or invoices for repair.Are there signs of forced entry – if so, please provide proof - **Theft without signs of forcible entry cannot be claimed. Police reports together with photographic evidence and copies of repair invoices will support a claim.** | Was a report made to Police?Date reported to Police?Station?Contact name:Contact Phone:Police Incident Report Number?Please provide a copy of the report if available. |

1. **SCHEDULE OF PROPERTY LOSS/DAMAGE**

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| --- |
| List the asset identification numbers from CASES 21 Asset System of the equipment you are claiming and provide a CASES 21 report (which shows the item’s price and date of purchase).For items not required to be on CASES 21 you must attach an inventory sheet, providing description of assets, serial numbers, purchase price and purchase date. Inventory must be supported by original invoices or a statutory declaration listing item details as mentioned above, and the circumstances in which the items were lost/damaged. **Theft without signs of forcible entry cannot be claimed. Police reports together with photographic evidence and repair invoices will support a claim.**If these items are on CASES 21, please provide the asset numbers.  |
| **Item Description** | **Cases 21 Asset Number** | **Original Purchase Price** |
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1. **SCHOOL BANKING ACCOUNT DETAILS for EFT Payments**

**Account Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BSB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Remittance advice email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **DECLARATION**

I/We declare that to the best of my/our knowledge and belief the information in this form is true and correct and I/We have not withheld any relevant information.

I/We consent to DET/ VMIA disclosing personal information to other insurers or as required by law.

I/We consent to DET/VMIA also disclosing personal information to and/or collecting additional information from investigators, legal advisers, actuaries or other advisers whom DET/VMIA may engage to assist in processing this claim.

Signature of Principal or Business Manager …………………………………………………………………Dated: / /