

Accidental Damage/Warranty Explanation Form

John Paul College

Name of Insured: _____ Student Name: _____

Email Address: _____

Phone Number: _____

Insured Equipment Details:

Model: _____

Serial Number: _____

Claim Details:

Warranty eg. Camera faulty

Describe issue: _____

OR

Insurance eg. Cracked screen

Time/Date/Place of damage: _____

Describe how the damage occurred: _____

Have there been any previous claims for this user:

Yes

No

Signature of Insured: _____ Date: _____

Print Name: _____