



DEVICE DAMAGE INCIDENT FORM

CLAIM PREAMBLE

Student Name:

Year:

Parent/Guardian Name:

Dear Parent/Guardian(s),

It has been reported that your child's allocated school device has suffered from damage.

All device damage claims require Our Lady of Mercy College to perform an internal or external device assessment, determining if the recorded damage noted was created in an accidental, deliberate or malicious nature.

For the first two damage claims, if the damage is determined to be deliberate or malicious, it will automatically attract an excess payment of \$150.00 before beginning any repairs or replacement processes. Upon any further subsequent damage claims, it will automatically attract an excess payment of \$1500.00.

If evidence exists indicating that any deliberate or malicious damage was due to actions performed by individuals other than your child, please present it as a part of this claim. This can assist in determining who is responsible for paying an excess associated to the claim.

If the damage was genuinely accidental, provide information on this claim so it can assist in an appropriate outcome through communication with your child's Head of Year.

A failure to submit the following to the IT Helpdesk will result in a delay or full cancellation of processing this claim:

- a fully completed Device Damage Incident Form;
- the damaged device itself; and
- a successful excess payment via credit/debit card or CDF Pay.

Any student relief devices will not be handed out until a successful excess payment has been made.

PAYMENT



CDF Pay (OLMC ICT Shop)



Credit/debit card

CARD DETAILS (If applicable)

Card No:

Expiry Date:

CVC:

Cardholder's Name:

Cardholder's Signature:

Date:

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Our Lady of
Mercy College

DEVICE DAMAGE INCIDENT FORM

CLAIM DETAILS

Student Name:

Year:

Parent/Guardian Name:

Year Coordinator:

Date:

DESCRIBE HOW THE DAMAGE OCCURRED (Please include as much detail as possible)

DECLARATION

I declare that all information provided by myself or my child, in relation to this incident, is true and correct to the best of my knowledge. I understand and accept that a charge is applicable to cover the excess of the College's warranty claim.

Yes / No

Parent/Guardian should discuss this incident with the student before signing this form.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

School Representative Name:

School Representative Signature:

Date:

IT Department Use Only

Asset Tag:

Asset Serial:

Damage Type:

☐

Accidental

☐

Malicious

Service Request:

Total Excess:

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100 Leisure Drive, PO Box 220, Australind WA 6233, P (08) 9720 3300
admin@olmca.wa.edu.au | www.olmca.wa.edu.au