



DEVICE ACCIDENTAL DAMAGE PAYMENT FORM

Date: _____

Student Name: _____ Home Room: _____

Dear Parents and Caregivers,

It has been reported that the allocated school device has been accidentally damaged. Student devices are insured by the College for accidental damage.

To progress a claim, parents are required to;

1. Complete an Incident Report.
2. Pay the insurance policy excess of \$150.00.

Please note, if the claim is assessed by the insurance company as being deliberate or malicious damage, they may refuse the claim. In such a case, you may be liable for the full replacement cost of the device.

Attached is an Incident Report form that you are required to complete and return as soon as possible. This authorises us to commence the process to have the device repaired or replaced.

The insurance policy excess payment of \$150.00 can be made by either of the following methods;

Credit Card

Charge excess to my school fees account

Please tick an appropriate box and/or complete the below details before returning to the College.

Parent Name: _____ Signature: _____ Date: _____

Credit Card Details

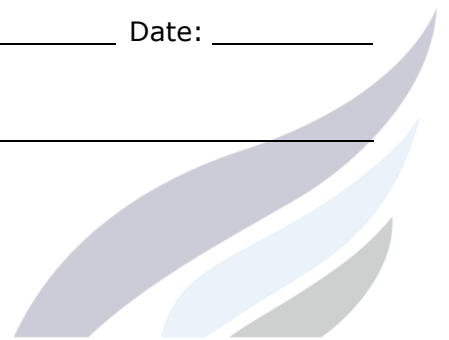
Visa

Mastercard

Card No.

Expiry Date: ____/____/____ CVC: _____ Amount: _____ Date: _____

Cardholder's Name: _____ Signature: _____





Our Lady of
Mercy College

DEVICE ACCIDENTAL DAMAGE INCIDENT REPORT

Date: _____

Student Name: _____ Home Room: _____

Please describe how the damage occurred (include as much detail as possible):

DECLARATION

I declare that all of the information I have provided or that has been provided by 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 insurance claim.

Parent's Name: _____ Signature: _____

OFFICE USE ONLY

Staff Member Name: _____ Signature: _____

Computer S/N: _____ Ticket Number: _____

