



Office Use Only Internal Claim

School/Division/Office:	
Name of contact person:	Phone # 08
Occupation or Profession:	

A. Details of when, where and how the loss or damage happened

Date of loss, or damage, or date when it was first discovered __ / __ / __

Where did the loss or damage happen?

How did the loss or damage happen? (If the loss or damage was a result of theft from a building, campus, garage, please state how entry was gained?)

B. If the property was lost or stolen, please answer the following

Has a thorough search been made and notification been sent to as many appropriate persons' who may be able to assist in locating the property? If so please give details?

Describe the nature and extent of damage

Have Security/ Police been notified of the incident? If so please state who?

When and what Police Station was the report made?

Date: _____	Time: _____
Police Station: _____	
Crime Reference Number: _____	
If you have a copy of the report please attach _____	

If the theft or loss did not occur on the university campus, where did the incident take place? (Home, private house, hotel, car, etc)

**Have you claimed for the theft or loss through your own private insurer?
If so please state**

Name of insurer: _____	Policy number: _____
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Please complete for LOSS/THEFT of property/contents

Description	Owner Address	Date of Purchase	Replacement Cost. Incl GST	Amount of loss or damage claimed
Total Amount Of Loss Claimed \$				

Please attach any additional information you may wish to provide to the back of this claim form

Signature of Employee/Student: _____ Date: __ / __ / __
Full Name: (please print) _____