



## Accidental Damage Claim Form

YOUR DETAILS	
Service Tag:	
Make & Model:	
School Name:	KENMORE STATE HIGH SCHOOL
School Contact (Name):	ICTS Help Desk - Sam/Silvia
School Contact (Number):	07 3327 1582                                  KSHS Kace TN:
Name of Person Reporting Claim:	
Contact details of person reporting claim:	ICTS Help Desk: 07 3327 1582

INCIDENT DETAILS	
Date that damage occurred:	<b>student name:</b>
Location of device when it was damaged:	
Was the device operating and functional before this incident (If No, Please provide further details):	
Description of how damage occurred:	

DESCRIPTION OF DAMAGE	
Description of Damage:	

**Please complete, sign and date the Declaration over the page.**

**Declaration (to be signed by student or parent)**

I do solemnly and sincerely declare that the above information is true and correct in every detail and I agree that I have not made any incorrect or fraudulent statements or suppressed, concealed or falsely stated any facts.

Name (Print):

Signature:

Date:

**Declaration (to be signed by school representative)**

I do solemnly and sincerely declare that the above information is true and correct in every detail and I agree that I have not made any incorrect or fraudulent statements or suppressed, concealed or falsely stated any facts.

Name (Print):

Signature:

Date: