

# Accidental Damage/Warranty Explanat on 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