

iPad Insurance Claim Form

To be completed by a parent/guardian using capital letters.

Personal Details			
Parent Name		Telephone No.	
Student Name		Form Group	
Student Email Address			

Damage Details			
Date/Time damage occurred	Date:	Time:	
Date/Time incident noticed	Date:	Time:	
Explain in full, how the damage occurred			
Describe the damage which has occurred to the iPad			
Where was the iPad located when the incident occurred? <small>e.g. classroom desk, PE shelves, at home.</small>			
Who was in possession of the iPad at the time of incident?		Was the iPad in the case at the time of incident?	

Before returning this form and your iPad to us, please check you have completed all of the following actions:	Tick
I have completed all of the required information above.	<input type="checkbox"/>
I have removed the passcode for any restrictions or screen time that my parents may have set	<input type="checkbox"/>
I have backed-up my personal data, where possible. <small>To backup your iPad, go to: <i>Settings > Click on your Name > iCloud > iCloud Backup > Back Up Now</i></small>	<input type="checkbox"/>

Parent/Guardian Signature: **Date:**

For IT support use only			
Student Name			
Albion Ticket Reference	Loan iPad Reference	IT-LOAN-	
Insurance Policy Reference	Insurance Policy Start Date		
iPad Serial Number	iPad Model and Capacity		

The information given above will be used as the basis for an Insurance Claim made on your behalf by Tomlinscote School & Sixth Form College.