Form 1

Loss or Damage to SAFECOM Agency or Volunteer Property

Print Form

Risk Management Unit
Level 5, 60 Waymouth St
Adelaide 5000
Tel- 8463 4165
Fax - 8463 4162

Government of South Australia
South Australian Fire and Emergency Services Commission

Office Use Only

Claim Reference

Claimant Details

Agency CFS Unit

Full Name

Address

Phone Number Email

Item Details
If there is more than 1 item being claimed please continue on page 2.

Description SA GRN Pager. Serial #: _____ ID #: _____ Alias: _____

Purchase Date Purchase Price

Date of loss or damage Location

Activity attending

Was this an approved activity?
☐ Yes ☐ No

Circumstances of Loss or Damage

Please describe how the loss or damage occurred

Has it been reported to the police? ☐ Yes ☐ No

Police Report number.

Claim Details

What is the replacement or repair cost of the item?

Quote 1

Quote 2

Quote 3

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Declarations and Approvals

Please print name next to your signature.

I certify that the above particulars are true and correct and acknowledge that any false or misleading information given by me may affect the amount payable and/or lead to the rejection of the claim.

Claimant Signature

Certified Correct by Line Manager

Line Manager Signature

Approved By

Remember

Do not replace/repair the item unless approval has been given by the Operational or Regional Commander (or equivalent) or the Risk Management Unit, SAFECOM

Attach any relevant invoices/ quotes or police reports with this claim form.

Ensure that both Line Manager and Approving Officer sign form.

Continuation
(If you do not have enought space in previous answers please use this box).