



CLAIM FORM - NOTICE OF LOSS

Save and Email to: claims@worthavegroup.com

School Name	South Newton School Corporation		
Policy Holder/Student			
Shipping Address			
City/ State/ Zip			
Policy Number			
Coverage/ Deductible			
Contact Person			
Contact Email			
Contact Phone			
Type of Loss	<input type="checkbox"/> Accidental Damage <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Power Surge by Lightning <input type="checkbox"/> Fire/Flood/Natural Disaster <input type="checkbox"/> Other		

Shipping Materials

☐ I NEED A BOX ☒ I DO NOT NEED A BOX

Date of Incident

Make/ Model

Serial Number

Lenovo x140

Describe in Detail the
Circumstances of the Incident

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Known Damage to the Unit

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Billing/Pymnt. Remit Name

Billing/ Pymnt. Remit Email

Mailing Address

City/State/Zip

South Newton School Corporation		
storeys@newton.k12.in.us		
13232 S 50 E		
Kentland	IN	47951

Please Note: Claim checks are issued to the name and address entered in these fields. Make sure this is properly filled out, as devices that are deemed beyond repair will result in a reimbursement check.

SWORN STATEMENT

I affirm that the above information is true and correct to the best of my knowledge.

We must advise you that any person who knowingly and with intent to defraud any insurance company files a statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime

Type Name Below

Date Below

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