

THE EDUCATIONAL INSTITUTE OF SCOTLAND

MEMBERS PERSONAL EFFECT FUND

SUMMARY OF COVER

Property Covered:

Personal effects comprising wearing apparel, cash, articles of personal use and adornment including textbooks, pedal cycles, car keys and instruments and equipment pertaining to the education profession all being the property of Members of the Institute.

Risk Funded:

All risk of physical loss or damage to property covered as defined below whilst:

1. At any premises rented or owned by the Institute and/or any Educational Establishment in Scotland.
2. At any time while the Member is in the course of his or her duties including voluntary duties associated with their employment but excluding destruction or damage arising in the Member's residence.

Name		Membership No.	
Address:		Telephone No.	
Postcode		E-mail:	
Full details of where loss occurred			
Date of loss or damage		Time of loss or damage	
Were you at the time in the course of your duties? (if yes please provide details)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
State the full circumstances of the loss or damage (if by fire, the cause of the outbreak should be stated if known)			
If theft, was property in a locked safe, locker, drawer or desk cupboard	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Which police station the matter was reported to		Date reported	
		Crime Ref No.	
Please note all incidents involving physical assault, theft or malicious damage must be reported to the police			
Have you ever made a request in the past? If yes please provide full details incl dates and settlement amounts	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Describe effects lost or damaged	From whom obtained (Name and address)	Original Purchase Date	Original Purchase Price	Cost to repair or replace	Value of salvage	Amount requested

(If required please continue on a separate sheet)

PLEASE NOTE THE FOLLOWING SHOULD BE ATTACHED WHEN SUBMITTING

- (a) Original Purchase Receipt (if available)
- (b) Photographs of the damaged item(s)
- (c) Quote for replacement item(s)
- (d) An invoice/receipt following the purchase of a replacement item

I declare that the statements shown on this form are true to the best of my knowledge and belief and I request the amount stated below in respect of loss or damage to the property mentioned. I confirm this amount requested has not been the subject of a claim under any insurance policy.

Signature of Claimant: _____ Date: _____

Signature of EIS Representative: _____

EXCEPTIONS – We will not pay:

- (a) For loss or destruction of or damage to stamps, travel tickets, bonds, coupons, coins, stamp collections, negotiable instruments, title deeds, manuscripts, securities of any kind, precious stones, business books, replacement documents, motor vehicles or watercraft or livestock.
- (b) For damage arising from wear and tear, depreciation, gradual deterioration, mechanical or electrical defect, moth, vermin or from any process of cleaning, dyeing or restoration.
- (c) In respect of any charge made for a replacement estimate/receipt.
- (d) in relation to any excess under any personal policy.
- (e) In relation to Theft of money while the premises are closed

LIMITS OF LIABILITY

The fund will not exceed in respect of anyone member:

- i. £1000 in respect of any loss (except in respect of money)
- ii. £1000 in respect of any loss of a pedal cycle. If the damage is purely Malicious Damage then this will be funded more appropriately through the Malicious Damage Fund so please complete the most appropriate Fund Form dependent on the nature of the request
- iii. £50 in respect of any loss of cash, banknotes, cheques or securities for money
- iv. £1000 in respect of all losses during any one period on insurance
- v. In respect of damage to prescription glasses which are over 3 years old the fund will contribute 25% of the original cost price for replacement

Form to be completed and thereafter returned to:

Email: sni.claims@towergate.co.uk

Tel: 0141 223 6800

