



School District No. 67 (Okanagan Skaha)



**CLAIM FORM FOR TEACHER PRIVATE VEHICLE DAMAGE**

**Under Article B.7.1.**

*Where an employee's vehicle is damaged by a student at a worksite or an approved school function, or as a direct result of the employee being employed by the employer, the employer shall reimburse the employee the lesser of the actual vehicle damage repair costs, or the cost of any deductible portion of insurance coverage on that vehicle up to a maximum of \$600.*

Note: Article B.7.1. does not cover theft of or from a vehicle.

Employee's Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Damage: \_\_\_\_\_

Description of Vehicle Damage: \_\_\_\_\_

Location Where Damage Occurred: \_\_\_\_\_

Was the damage a result of being employed by the School District?  Yes  No

Did a student cause the damage?  Yes  No

If so, what is the student's name? \_\_\_\_\_

Were there any witnesses? Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

If there were no witnesses, how do you know that the damage was done by a student and/or is a direct result of being employed by the school district?

Explain: \_\_\_\_\_

\_\_\_\_\_

Teacher's Signature

Date

**\* When damage is first found, please fax form to Secretary-Treasurer at (250) 770-7722.**

**For qualified claims, please forward a copy of the following to obtain payment:**

- 1. A receipt for vehicle damage repair costs.**
- 2. A copy of insurance coverage indicating the deductible for comprehensive loss.**

**to the Secretary-Treasurer, S.D. #67.**