

# Claim Form for Private Vehicle Damage Under STA Collective Agreement 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 damage repair costs, or the cost of any deductible portion of insurance coverage** on that vehicle up to a **maximum of \$600.**

(Boldface emphasis added)

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

Note: Article B.7.1 does not cover hit & run damage while parked at school.

Note: Claims must be reported in a timely manner and form submitted by June 30th

Employee Name: \_\_\_\_\_ Number: \_\_\_\_\_ School / Dept: \_\_\_\_\_

Date of damage: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

How did the damage occur? \_\_\_\_\_

Description of the vehicle damage: \_\_\_\_\_

If damaged by a student, what is the student's name? \_\_\_\_\_

Was the damage reported to the RCMP? \_\_\_\_\_ Case number: \_\_\_\_\_

Witness (name and contact number): \_\_\_\_\_

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

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Principal / Manager Signature

\_\_\_\_\_  
Date:

**Please forward this form and the attachments noted below to Risk Management courier 470.**

1. The receipt for vehicle damage repair costs
2. A copy of insurance coverage (all pages) indicating the deductible for comprehensive loss.

### RISK MANAGEMENT USE ONLY

Vendor # EM \_\_\_\_\_

Invoice # VVA \_\_\_\_\_

G/L Account # 11-0020-3920-470-475

Amount \$ \_\_\_\_\_

Approval \_\_\_\_\_

Date \_\_\_\_\_