



MOP(S) ACT EMPLOYEES

CLAIM FOR LOSS OR DAMAGE TO CLOTHING OR PERSONAL EFFECTS

<p>Options for returning your completed form</p> <p>Scan and Email to: MOPSPay&Conditions@finance.gov.au or Post to: Ministerial and Parliamentary Services Department of Finance One Canberra Avenue FORREST ACT 2603</p>	<p>Enquiries: Ministerial and Parliamentary Services Email: mpshelp@finance.gov.au Phone: (02) 6215 3333</p>
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EMPLOYEE DETAILS

▶ Full name

▶ Postal address

Postcode

▶ Daytime telephone number

DETAILS OF LOST/DAMAGED ARTICLE

▶ Full description of the lost or damaged article (include type of material, name of manufacturer and colour)

▶ Place of purchase ▶ Date of purchase

▶ Purchase cost of article \$ ▶ Replacement value of article (evidence required) \$

▶ Description of how the loss or damage occurred (*this statement must be in the form of a Statutory Declaration where the claim exceeds \$200*)

▶ Time of loss or damage ▶ Date of loss or damage

▶ Details of the damage sustained (*if applicable*)

DETAILS OF REPLACEMENT/REPAIR

▶ Please attach evidence of: the purchase cost and age of the item; the replacement value; tax invoice and receipt for repair (as applicable).

▶ Has the article been repaired? Yes No ▶ Is the article beyond repair? No Yes ▶ Please provide written evidence from an assessor of repair.

▶ Are you insured against loss or damage? No Yes ▶ A claim can only be made where the insurance cover falls short of the amount of the loss or damage.

▶ Have you received or are you entitled to receive restitution from, or commenced proceeding against, a person or organisation who is or may be liable for loss or damage? No Yes

SIGNATURE

▶ I hereby claim reimbursement for the loss or damage to the clothing or personal effect described above.

▶ By signing this form, I acknowledge that:

- I understand that knowingly giving false or misleading information is a serious offence under the *Criminal Code Act 1995*.
- I have read and understood the Privacy Collection Notice (see page 2).

Signature of Employee **Date**

**WITNESS (if any)
TO COMPLETE**

- ▶ By signing this form, I acknowledge that:
 - I understand that knowingly giving false or misleading information is a serious offence under the *Criminal Code Act 1995*.
 - I have read and understood the Privacy Collection Notice (see below).
- ▶ I certify that I: was a witness inspected the article immediately after the damage occurred and that the statements on page 1 are true and correct.

Signature of Witness Date / /

Name

**EMPLOYER
TO COMPLETE**

- ▶ Employer name State
- ▶ In which of the following circumstances did the loss or damage occur?
 - The claimant was protecting Commonwealth property from damage
 - As a result of a fault or defect in Commonwealth property
 - The loss or damage resulted from an act or omission by a person employed by the Commonwealth (other than the claimant)
 - Where circumstances can reasonably be regarded as being associated with the Employee's employment
 - None of the above but extenuating circumstances are as follows:
(if insufficient space, please provide attachment)

- ▶ Did the claimant take precautions which he/she might reasonably be expected to take?
Yes No ▶ Give reasons *(if insufficient space, please provide attachment)*

- ▶ By signing this form, I acknowledge that:
 - I understand that knowingly giving false or misleading information is a serious offence under the *Criminal Code Act 1995*.
 - I have read and understood the Privacy Collection Notice (see below).

Signature of Employer or Authorised Person Date / /

Name (if authorised person)

OFFICE USE ONLY

a) Purchase price	<input type="text"/>	\$	<input type="text"/>
b) Replacement cost	<input type="text"/>	\$	<input type="text"/>
c) Date of purchase	<input type="text"/>	/	/
d) Date of loss or damage	<input type="text"/>	/	/
e) Estimated useable life at date of purchase	<input type="text"/>	\$	<input type="text"/>
f) Expended life at date of loss or damage	<input type="text"/>	\$	<input type="text"/>
g) Depreciated value (f/e x a)	<input type="text"/>	\$	<input type="text"/>
COMPENSATION PAYABLE Replacement cost less depreciated value (b – g)	<input type="text"/>	\$	<input type="text"/>

Payment of the 'Compensation payable' is recommended.

Team Leader

Date / /

Approved / Not approved.

Director, MOP(S) Pay & Conditions

Date / /

Privacy Collection Notice — Consistent with the *Privacy Act 1988*, the Department of Finance (Finance) uses the personal information provided in this form to facilitate the administration of work expenses and allowances for Parliamentarians and their employees under the parliamentary work expenses framework. Details of the related expenditure may be tabled in Parliament, published on Finance's website, or provided to the Special Minister of State, the Independent Parliamentary Expenses Authority, relevant service providers, or publicly, as authorised by law. Further details on the collection, storage and use of personal information provided is available at www.maps.finance.gov.au/privacy.html