



JOINT INDUSTRY BOARD
FOR THE ELECTRICAL CONTRACTING INDUSTRY
KINGSWOOD HOUSE, 47/51 SIDCUP HILL
SIDCUP, KENT DA14 6HP.

Tel: 020 8302 0031
Fax 020 8309 1103
Web: <http://www.jib.org.uk>
E-mail: administration@jib.org.uk

Established in 1968 by the Constituent Parties
The ELECTRICAL CONTRACTORS' ASSOCIATION and AMICUS

JIB TRAINING SCHEME

HANDTOOL REPLACEMENT SCHEME – CLAIM FORM

APPLICANT (to be completed in block capitals)

Surname Forename(s)

Address

.....

National Insurance No

1. Where did the loss occur? Give details of location.

Date when loss was discovered?

2. Explain fully how the loss occurred.

In the event of theft from a vehicle, please note that losses are ONLY covered during working hours at the place of work.

Where was the vehicle located?

Was the vehicle locked? Yes/No

3. Police notification

When were the Police notified?

Address of Police Station

.....

Police Crime Book reference number

4. Hand tools lost

Are you the sole owner of the tools? Yes/No

If no, please state the names of any other interested parties and the nature of their interest

.....

List of tools lost:

(Continue on separate sheet if necessary)

Apprentice's declaration

I declare that the information given on this form is accurate and complete and no other claim has been made from any other source.

Signed

Dated

Employer's declaration

I certify that, to the best of my knowledge, the tools listed above have been stolen, or lost as a result of fire, and the incident was reported within twenty-four hours of discovery. I further certify that the Apprentice has been registered with the JIB and was in my employment at the time that the loss occurred.

Signed

Dated

Position in Company

Name of Company

Address

.....

..... Tel:

This form should be returned to:- JIB, Kingswood House, 47/51 Sidcup Hill, Sidcup, Kent, DA14 6H.