



CLAIM FORM

1. Date of Incident/Accident: _____ Time: _____ Location: _____

2. What Happened? _____

3. Describe the Damage or Injury (Use additional sheet if necessary): _____

4. IF YOUR VEHICLE INVOLVED: No. of Injured Parties: _____ No. of Witnesses: _____
Year/Make/Model/: _____ Vehicle License #: _____
Person driving Vehicle: _____ Driver's License #: _____
Address: _____ Phone #: _____
Registered Owner of Vehicle: _____
Address: _____ Phone #: _____
Insurance: Y/N _____ If Yes, Provider Name and Policy No.: _____

5. IF A UC VEHICLE INVOLVED:
Year/Make/Model/: _____ Vehicle License #: _____
Name of UC Driver: _____ Driver's License #: _____
Address: _____ Phone #: _____

6. IF PROPERTY INVOLVED: Est. Value \$ _____ Repair Cost \$ _____

7. IF BODILY INJURY INVOLVED: (Check "E" or "S" only if UC Employee or Student) Use additional sheet if necessary.

(E_S_) Name: _____ Phone #: _____
Address: _____ Email: _____

8. WITNESSES (Check "E" or "S" only if UC Employee or Student) Use additional sheet if necessary.

(E_S_) Name: _____ Phone #: _____
Address: _____ Email: _____

9. Attached Documents (Check All that apply):

Photos Repair Invoice Diagrams Police Report #: _____ Other

10. Total Amount Claiming: \$ _____

DIAGRAM OF INCIDENT (Indicate North Direction)

Submitted By: _____
Mailing Address: _____

If UC Employee #: _____
Phone #: _____
Date: _____