

Claim Form (Non-Vehicle)

Use this form for reporting non-vehicle-related claims. Submit completed forms to RiskServices@ucop.edu. If you have questions, please call 510-987-9832 or email RiskServices@ucop.edu.

Information about incident

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Describe what happened:

Describe the damage or injury:

If property damage occurred, please describe the property that was damaged:

If anybody was injured, please provide their contact information:

Injured person's name: _____ Injured person's phone #: _____

Injured person's address: _____ Injured person's email: _____

Please provide contact information for witnesses, if available (if more than one witness, please include additional witness contact information in email to RiskServices@ucop.edu):

Witness's name: _____ Witness's phone #: _____

Witness's address: _____ Witness's email: _____

Supporting documents (please check all that apply and attach to email when submitting form to RiskServices@ucop.edu):

Photo Repair Estimates Invoice Diagrams Police Report# Other

Form submitted by:

Submitter's name: _____ Submitter's phone#: _____

UC employee # (if applicable): _____ Submitter's email: _____

Date submitted: _____