# UNIVERSITY OF CALIFORNIA | Office of the President

# Property Loss Report (University Property Only)

Submit completed forms to RiskServices@ucop.edu. If you have questions, please email or call 510-987-9832.
The Regents of the University of California are self-insured. Direct inquiries to UC Office of the President, Risk Services.

## Please complete both pages of form.

## Date/Time/Location of Incident

Date of Incident:                 Time of Incident:                          Incident Only          On UC Premises

Location (please include address/city/county/intersection/etc):

## Department Information

Name of department:                        Division:                    Account to reimburse:

Contact Name:                              Phone number:                Email:

## Property Loss/Damage

Description of property (make, model, serial #, etc.):

UCOP tag # (if applicable):                         KFS asset #:

Original cost:                              Estimated replacement cost:

Owner of Property:

Peril:        Fire        Flood        Hail        Lightning        Theft: forced entry        Water        Wind        Vandalism

Other (please describe):                                    Deferred Maintenance Issue?        Yes        No

Reported to Police?        Yes        No        Name of Agency & Location:

Date Reported:                         Case Report #:

Name of Officer:                                    Badge Number:

Last Revised 6/1/2022

## Other Parties Involved (complete applicable areas)

Name:                          Driver's License #:                          Date of Birth:

Address:                                          Phone #:                          Work #:

Name of Insurance Carrier:                                          Policy #:

Vehicle Year/Make/Model:                                          Vehicle License #:

Registered Owner's Name (*if other than driver*):

Phone #:                          Work #:                          Date of Birth:

Address:

Other Property/Vehicle Damage:

**Incident Description**

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**Risk Management use only below this line**

Program Coverage:          Environmental          Boiler & Machinery          Property          Crime          Fine Arts          Marine

Incident/Claim #                                          Department Code #

Gross Loss:                          Deductible:                          Amount to Fund:

Claim Documentation:          Photographs          Repair/Replacement Invoice          Subrogation

    Police Report Number:                                          Other:

**Additional Comments**

Denial Date:                          Denial Reason:

Reviewed By:                                          Date: