



University of California, Berkeley  
 Office of Risk Services  
 2130 Center Street, Berkeley, CA 94720-4208  
 510-643-0281 (fax) risk@berkeley.edu (email)

**THIRD PARTY CLAIM FORM**

1. Date of Incident or Accident \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

2. Describe what happened: \_\_\_\_\_  
 \_\_\_\_\_

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

**4. VEHICLE DAMAGE:**

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 WAS INVOLVED:**

Year/Make/Model: \_\_\_\_\_ Vehicle License #: \_\_\_\_\_

Name of UC Driver: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**6. PROPERTY DAMAGE:**

Description of Property: \_\_\_\_\_

Estimate Value \$ \_\_\_\_\_ Repair Cost \$ \_\_\_\_\_

**7. BODILY INJURY (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)**

Photo  Repair  Invoice  Diagrams  Police Report#: \_\_\_\_\_  Other

10. Total Amount Claiming: \$ \_\_\_\_\_

**DIAGRAM OF INCIDENT (Indicate North Direction)**

Submitted By: \_\_\_\_\_ If UC Employee #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_