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: ____________________________  Phone#: ________________________________
   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: ____________________________