



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: _____