



University of California, Berkeley
 Office of Risk Services
 2111 Bancroft Way
 Berkeley, CA 94720-1120
 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 U C Employee #: _____
 Mailing Address: _____ Phone # _____
 _____ Date: _____