

# University of California, Davis Property Loss Report (University Property Only)



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SANTA BARBARA • SANTA CRUZ

## RISK MANAGEMENT SERVICES

Insurance Information:

(The Regents of the University of California are Self-Insured),

Direct inquires to:  
UC Davis Risk Management Services

202 Cousteau Place, Suite 115  
Davis, California 95618  
Phone No: (530) 757-8379/8391  
Fax No: (530) 757-8385

## Program Coverage: (RISK MANAGEMENT ONLY)

Incident/Claim #:

Additional Theft     Boiler & Machinery     BUS-28     Crime     Fine Arts     Marine

## Date/Time/Location of Incident:

Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM Location: \_\_\_\_\_

Incident Only     On UC Premises

Please Include: Address/City/County/Intersection/Etc.

## Department Information:

Name of Department: \_\_\_\_\_ Division: \_\_\_\_\_

Dept. Code. #: (Risk Management Only) Contact Name: \_\_\_\_\_ Ph.#: \_\_\_\_\_

Email: \_\_\_\_\_ Account #: (To Be Reimbursed)

## Property Loss/Damage:

Property Description: (Make, Model, Serial #, etc.)

Asset #: (If Applicable) DAFIS Doc. # (AR Form): \_\_\_\_\_

Original Cost: \_\_\_\_\_ Estimated Replacement Cost: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Peril:  Fire  Flood  Hail  Lightning  Theft: Forced Entry  Theft: Non-Forced Entry  Water  Wind  Vandalism

Other: (Please Specify)

Reported to Police:  Yes  No Name of Agency/Location: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Case Report #: \_\_\_\_\_

Name of Officer: \_\_\_\_\_ Badge No.: \_\_\_\_\_

## Other Parties Involved: (Complete Applicable Areas)

Name: \_\_\_\_\_ Driver's Lic. \_\_\_\_\_  Male  Female DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Ph. # \_\_\_\_\_ Wk. # \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Owner: (If other than driver) Ph. #: \_\_\_\_\_ Wk. #: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Other Property/Vehicle Damage: \_\_\_\_\_

**Incident Description:**

Deferred Maintenance Issue:  Yes  No

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**Risk Management Use Only:**

Gross Loss: \_\_\_\_\_ Deductible: \_\_\_\_\_ Amount to Fund: \_\_\_\_\_

Claim Documentation:  Photographs  Police Report  Repair/Replacement Invoice  Subrogation

Other: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Denial Date: \_\_\_\_\_ Denial Reason: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_