

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



BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

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

One Shields Ave.
Davis, California 95616
Phone No: (530) 752-3003
Fax No: (530) 752-3439

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

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: _____