

University of California, Davis
Claim Form (For Parties filing a claim against UCD)



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

SANTA BARBARA • SANTA CRUZ

RISK MANAGEMENT SERVICES

Insurance Information:

(The Regents are Self-Insured), direct inquires to:
 UC Davis Risk Management Services

One Shields Ave.
 Davis, California 95616
 Phone No: (530) 752-2629
 Fax No: (530) 752-3439

Date/Time/Location of Accident:

Incident/Claim #:

Date: _____ Time: _____ AM PM Location: _____
Please Include: Address/City/County/Intersection/Etc.

Reported to: Fire Dept. Police Dept.

Dollar Amount of Claim: _____
(Please Indicate How the Claim was Computed)

Injured Party's Information: Claimant

Name: _____ Home Ph. #: _____ Wk Ph.#: _____

Address: _____ Street _____ City _____ State _____ Zip _____ DOB: _____

Drivers Lic. #: _____ Employer: _____

Occupation _____

Injury:

Nature & Extent of Injury: _____

First Aid Given? Yes No If Yes, By Whom? _____

Where was Injured taken after Accident: _____ Name of Doctor: _____

Property Damage:

List Property Damaged: _____

Owner: _____ Address: _____ Phone #: _____
(If Other than Claimant) Street City State Zip

How was Damaged Caused: _____

If Vehicle: Year: _____ Make: _____ Model: _____ Vehicle License #: _____

Photographs Taken? Yes No If Yes, By Whom? _____

Witnesses:

Name: _____ Phone #: _____

Address: _____ Street _____ City _____ State _____ Zip _____

Name: _____ Phone #: _____

Address: _____ Street _____ City _____ State _____ Zip _____

Name: _____ Phone #: _____

Address: _____ Street _____ City _____ State _____ Zip _____

