

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
 Email: rms@ucdavis.edu
 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 _____

Description:

All Communications Should be With:

Name: _____ Title: _____

Address: _____ Phone #: _____
Street City State Zip

Risk Management Services Only:

Name of Department: _____ Division: _____

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

Please Read Notice before Signing

Signature of Claimant/Representative: _____ Date: _____

<p>NOTICE</p>

SECTION 72 OF THE PENAL CODE PROVIDES: "EVERY PERSON WHO, WITH INTENT TO DEFRAUD, PRESENTS FOR ALLOWANCE OR FOR PAYMENT TO ANY STATE BOARD OR OFFICER, OR TO ANY COUNTY, TOWN, CITY, DISTRICT, WARD, OR VILLAGE BOARD OFFICER, AUTHORIZED TO ALLOW OR PAY THE SAME IF GENUINE, ANY FALSE OR FRAUDULENT CLAIM, BILL, ACCOUNT, VOUCHER, OR WRITING IS GUILTY OF A FELONY."