

Fill in all applicable blanks

UNIVERSITY OF CALIFORNIA LIABILITY LOSS REPORT

Program Coverage:

General Liability

Automobile Liability

Incident / Claim Information

Incident Only

UC Location: _____ Incident Date/Time _____ Incident Reported Date: _____

No. of Vehicles ____ No. of Injured Parties ____ No. of Witnesses ____ Affiliate Claim # _____

Division: _____ Unit: _____ Asset Number: _____

Incident Address or Location: _____

Incident Description: _____

Injury Description: _____

Property Damage Description: _____

_____ Title of Property: _____

On Insured Premises

Multi-Forum

Subrogated

Master Claim

Date Reported
to Location RM _____ Reported by: _____ Title _____

Denied Denied Date _____ Denied Reason _____

University Vehicle Information

Year/Make/Model _____ Fleet # _____ License # _____

Vehicle Ownership: Fleet Dept. Owned Assigned to Dept. Leased Other

Owner/Assigned Dept. _____ Telephone No. _____

Driver Name _____ License # _____ SSN _____

Use of Vehicle: Authorized DUI Not Authorized or Misuse _____

Third Party Vehicle Information

Year/Make/Model _____ Vehicle License # _____

Name

Address

Telephone No.

License #

Driver: _____

Owner: _____

Insurance: _____ Policy # _____

Additional Comments: _____

Claimant / Injured Party Information

Employee If employee, SSN _____

	Name	Address	Telephone No.	Claimant Type
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Litigated Represented Severe (reportable)

Additional Comments: _____

Witness Information

	Name	Address	Telephone No.
1.	_____	_____	_____
2.	_____	_____	_____

Attorney Information

	Name	Address	Telephone No.
1.	_____	_____	_____
2.	_____	_____	_____

Accident Diagram

Loss Control

Fault: UC Other Party Unknown

Could loss have been avoided?

Yes No If yes, explain _____

Recommendations _____

Submitted by:

Date:
