



INSTRUCTIONS

Use the Claim Form to file a claim against the The Regents of the University of California. You can use the [Report of Vehicle Accident](#) form to supplement the Claim Form if you were in an auto accident involving a University employee. Submit completed form(s) to UCSB Risk Management.

CLAIMANT

Name: _____ Home Ph: _____
Address: _____ Bus. Ph: _____
_____ Fax: _____
_____ Email: _____
Contact person: _____ Ph: _____

ACCIDENT

Date: _____ Time of day: _____ Location _____

Describe how accident occurred:

ATTACHMENTS: Repair Invoice(s) Photo(s) Diagram(s) Medical bills Police Report Case #: _____

PROPERTY DAMAGE

Property damaged: _____
Owner (if not Claimant): _____ Address: _____ Ph: _____
Describe damage: _____
How was damage caused: _____
Claim amount (provide original invoices, estimates, repair bills, etc. to show how cost was determined): _____

BODILY INJURY

Describe injury: _____
How was injury caused: _____
If treated, where: _____ Name of doctor: _____ Ph: _____
Claim amount (provide medical bills, other documentation to show how amount was determined): _____

WITNESSES

Witness: _____ Address: _____ Ph: _____
Witness: _____ Address: _____ Ph: _____
Witness: _____ Address: _____ Ph: _____

CLAIM REPORT BY

Submitted by: _____ Address: _____ Ph: _____
Signature: _____ Date: _____

NOTICE: 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."