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EXHIBIT C

UNIVERSITY OF CALIFORNIA
PERSONAL PROPERTY
LOSS/DAMAGE REPORT

RE: Form 1300 # _____
Campus: _____

1. Campus Dept.: _____ Reimburse: 6- _____
2. Type of Loss: Theft ___ Fire ___ Transit ___ Other ___
3. Date of Loss: _____ Time: _____ Location: _____
4. Describe Loss: _____

5. Identification of Property: _____

6. Value: \$ _____ Total Value of Claim (including freight): \$ _____
7. Name of Transit Carrier (when applicable): _____
8. Date of "Notice of Claim" Letter to Transit Carrier (when applicable): _____
9. a. Amount Paid by Transit Carrier: \$ _____
b. Reimbursable Amount under Self-Insurance: \$ _____
c. Reimbursable Amount under Excess \$ _____
d. Total: \$ _____
10. Police Reports Available: Yes ___ No ___ Other Attached: Yes ___ No ___
Reports Available: Yes ___ No ___ No _____
11. Remarks or Special Information: _____

Submitted by _____

Date: _____