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 Insurance: $_____

   d. Total: $_____

10. Police Reports Available: Yes _____ No _____ Attached: Yes _____ No _____
    Other Reports Available: Yes _____ No _____ Attached: Yes _____ No _____

11. Remarks or Special Information: _____

_____

_____

Submitted by:_____ Date:_____