



UC San Diego Policy & Procedure Manual

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BUSINESS OFFICE

Section: 500-11 EXHIBIT D

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EXHIBIT D

UNIVERSITY OF CALIFORNIA RE: Form 1300 # _____

PERSONAL PROPERTY LOSS/DAMAGE REPORT

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: _____