EXHIBIT D

UNIVERSITY OF CALIFORNIA RE: Form 1300 #

PERSONAL PROPERTY
LOSS/DAMAGE REPORT

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: $_______________


    Other Reports Available: Yes _____ No _____ Attached: Yes _____ No _____

11. Remarks or Special Information: ______________________________________________

                                Submitted by: ___________________________ Date: ___________