**INSURANCE CLAIM REPORTING – ‘NOTICE OF LOSS AUTOMOBILE’**

**The information in this claim form will be filed with this central insurance fund an/or with a University Insurer including an adjuster (authorized representative of UBC). Your timely cooperation, assistance and accurate information is required to support investigation and reimbursement of your claim. Where there is damage to any third party, ICBC must be notified.**

**This form must be completed and provided to the adjuster or a member from UBC’s Insurance & Loss Prevention team. Please be prepared to submit all related supporting documentation including contracts, incident reports and photos as applicable for this claim. Please promptly advise of any vehicle that has been towed and/or is in storage. Any costs arising from expenses arising from your delay may be retained by your department.**

**Faculty/Administrative Department Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **First & Last Name of the Primary Contact for this Claim** | Click or tap here to enter text. | **Primary Phone #** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Name of UBC Faculty or Administrative Unit** | | Click or tap here to enter text. | |

**Financial/Reimbursement Information (REQUIRED INFORMATION – Contact your finance partner if work tag info is required)**

|  |  |
| --- | --- |
| **What is the Workday Worktag Information for this claim? Cost Center #:**Click or tap here to enter text. **Program/Project #:** Click or tap here to enter text. **Activity #:**Click or tap here to enter text. **Fund #:**Click or tap here to enter text. **Function #:**Click or tap here to enter text. | |
| **Estimated repair/replacement cost of damage?** | $Click or tap here to enter text. |

**Briefly Descibe Incident**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **What is the actual date of the loss/event? (mm/dd/yr)** | | | | Click or tap to enter a date. | |
| **Briefly describe what happened/location of occurrence?** Click or tap here to enter text. | | | | | |
| **Who has this claim been reported to?** | | Police, Fire Department Ambulance, UBC Safety UBC Security, Other Click or tap here to enter text. | | | | |
| **If reported to Police what is file #?** | | Click or tap here to enter text. | | | | |
| **Was vehicle towed and where to?** | Click or tap here to enter text. | | **# of days in storage?** Click or tap here to enter text. | | | |
| **Were you operating a UBC or non-owned rented vehicle, personal vehicle?** | | | | | Click or tap here to enter text. | |

**Witness Information**

|  |  |
| --- | --- |
| **First & Last Name of Witness** | Click or tap here to enter text. |
| **Contact Information for Witness (phone/email)** | Click or tap here to enter text. |

**UBC Driver Details & UBC Automobile Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **What is the UBC Drivers First & Last Name?** | | Click or tap here to enter text. | |
| **What is the Year, Make, Model of Vehicle?** | | Click or tap here to enter text. | **Plate #:** Click or tap here to enter text. |
| **Were you injured in this incident? Yes  No** | | Describe Injury: Click or tap here to enter text. | |
| **Describe damage to UBC vehicle:** | Click or tap here to enter text. | | |

**Other Driver Details & Other Drive Automobile Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Other Driver’s First & Last Name** | Click or tap here to enter text. | | | | Email/Phone: Click or tap here to enter text. |
| **Other Driver Vehicle Year, Make, Model** | Click or tap here to enter text. | | | | **Plate #**: Click or tap here to enter text. |
| **Name of Insurer:**Click or tap here to enter text. | | | | **Other Driver Insurance Policy #**: Click or tap here to enter text. | |
| **Was this driver injured in this incident? Yes  No** | | | Describe Injury: Click or tap here to enter text. | | |
| **Describe damage to “Other Driver” vehicle** | | Click or tap here to enter text. | | | |

**Other Property**

|  |  |
| --- | --- |
| **Describe any ‘other’ property that may have been damaged as a result of this incident:**Click or tap here to enter text. | |
| **Date of this report (mm/dd/yr**)Click or tap to enter a date. | **Your First & Last Name:** Click or tap here to enter text. |