

The George Washington University
PROPERTY DAMAGE/LOSS CLAIM FORM

Please return completed form to Risk Management at 2025 F Street, Suite 101 or fax to 202-994-0130

This form must be completed and turned in **NO LATER** than 10 days after the date of the incident or first discovery.

PERSONAL INFORMATION (Please print or type clearly)

NAME: _____ **EMAIL ADDRESS:** _____
(Last, First, Middle Initial)

DEPARTMENT: _____ **TELEPHONE NO.:** _____

CAMPUS ADDRESS: _____
Street City State Zip Code

***Notice:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Claimant.*

SIGNATURE: _____ **DATE:** _____

DESCRIPTION OF INCIDENT - DAMAGE/LOSS INFORMATION

DATE OF INCIDENT/FIRST DISCOVERY: _____ **TIME:** _____ **am / pm**

ADDRESS OF INCIDENT: _____
Building Name | Address Room Number

TYPE OF LOSS:
 Personal Property Damage (reimbursement of actual repair costs)
 Personal Property Destruction (reimbursement of replacement costs, salvage belongs to GW)
 Property Stolen
 Property Lost
 Medical Payments

IF DAMAGED OR STOLEN, HOW?
 Vandalism
 Theft
 Burglary (break-in)
 Other: _____

PERSON IMMEDIATELY RESPONSIBLE FOR LOST/STOLEN/DAMAGED PROPERTY: _____

DETAILED DESCRIPTION AND CAUSE OF INCIDENT:
 How did the damage occur? _____
 What caused the damage? _____
 Who caused the damage? _____
 Additional information: _____

IF THEFT OCCURRED, DESCRIBE HOW AREA AND/OR EQUIPMENT WAS SECURED. BE SPECIFIC.

DEPARTMENT MANAGER, CHAIR OR DEAN INDICATE BELOW WHETHER THE LOST/STOLEN/DAMAGE INCIDENT WAS:

Preventable by responsible employee,
 Preventable by the department, or
 Preventable by the institution.

SIGNATURE: _____ **DATE:** _____

CLAIM VERIFICATION (Please attach the documentation to this form)

Original receipt?	Yes	No
Photo of Property Damaged/Destroyed?	Yes	No
Copy of Property in Catalog?	Yes	No

Submit a copy of the MPD report, if applicable.
 UPD Incident Report Number: _____
 If not reported to UPD or MPD, why? _____
 Other? (Please specify) _____
 Name of Witness: _____ Phone Number: _____

