

Liability & Automobile Physical Damage Loss Claim Reporting Form

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I. General Information

District Name: _____

Campus or Location Name: _____

Address: _____

Contact Name: _____

Phone Number: _____ Fax Number (if any): _____

Reported By: _____ Reported To: _____

Date: _____ Date: _____

Date loss occurred? _____

➤ **Was a Tort Notice Questionnaire sent to the person(s) who are claiming an injury and or loss of property?**

Yes, (please attach a copy of your transmittal letter)

No, (explain why not) _____

➤ **Type Of Liability Claimed\Alleged**

General Liability Claim

Person(s) claiming they were injured or their property was damaged, or both, while on district owned property or at a district related event off premises but not involving an automobile accident. If checked complete Section II, General Liability, beginning on page 2 and ending on page 3.

Automobile Liability and/or Automobile Physical Damage Claim

Person(s) claiming they were injured or their property was damaged, or both, as a result of an automobile related accident in which a district automobile or vehicle was alleged to be involved. If checked skip Section II and go to Section III, Automobile Liability, beginning on page 4 and ending on page 7.

Educator's Legal Liability

Person claiming non-bodily injury/non-property damages arising from the wrongful act of a school administrator or employee.

Forward documentation of claim via Claim Transmittal Form to Qual-Lynx.

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II. General Liability

Liability For Bodily Injury, Property Damage or Both, Which Is Alleged To Have Happened To Someone While On District Owned Premises Or At A District Event Off Campus But Not Involving An Automobile.

How many persons claim to have been injured? - _____.

Please list each persons name, address and telephone below:

<u>Persons Name</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did injured person(s) receive any type of first aid or medical treatment? Yes No

If yes, please describe care for each individual: _____

Was a report of any kind made to local authorities by you, the district or the injured party(ies)?

Yes No

If yes, please describe below:

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General Liability (continued)

Does the injured party (do the injured parties) claim that their property was damaged in the accident?

Yes No

If yes, please complete the following questions *for each person* claiming property damage:

- Name of property owner: _____
- Address of property owner: _____

- Telephone number of property owner: _____
- Description of damaged property: _____

- Please provide a serial or other ID number if known: _____
- Description of how property allegedly was damaged: _____

- Address of place where property can be seen: _____

- Estimated value of property lost (*if known*):\$ _____
- Is there any other insurance on the other property? Yes No
- If Yes, please provide name of insurance carrier and policy number: _____

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III. Automobile Liability/Physical Damage

Liability For Bodily Injury, Property Damage or Both, Which Is Alleged To Have Happened To Someone As A Direct Result Of An Automobile Accident.

Questions on this page are to be answered about the *involved district vehicle and driver.*

Make, model and year of involved district vehicle: _____

Vehicle identification number (VIN #) of involved district vehicle: _____

Involved district vehicle's license plate number: _____

Involved vehicle's owners name if other than district: _____

Address: _____

Phone Number: _____

Is the involved vehicle leased? Yes No

If yes, who is lessor?: _____

Address: _____

Phone Number: _____

Drivers name: _____

Address: _____

Phone numbers: Home: _____ Work: _____

Driver's license number: _____ Date of birth: _____

Is driver an employee of the district? Yes No

If No, explain relationship to district: _____

Was vehicle used with permission? Yes No

If No, explain circumstances: _____

What was the purpose of the use? _____

Name of police department accident was reported to: _____

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Automobile Liability/Physical Damage (continued)

Questions on this page are to be answered about the person or persons who are *alleging that they were injured* as a result of the automobile accident.

How many persons claim to have been injured? - _____.

Please list each persons name, address and telephone below:

<u>Persons Name</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did injured person(s) receive any type of first aid or medical treatment? Yes No

If yes, please describe care for each individual below:

Was a report of any kind made to local authorities by you, the District or the injured party(ies)?

Yes No

If yes, please list name of authorities to which any reports were made providing the address, telephone number and contact person if known below:

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Automobile Liability (continued)

Questions on this page are to be answered about the person or persons who are *alleging that their vehicle was damaged as a result of the accident*. If there is more than one vehicle involved, please complete this page for each one of the *non-district owned* vehicles.

Owner's name: _____

Address: _____

Phone numbers: Home: _____ Work: _____

Drivers name: _____

Address: _____

Phone numbers: Home: _____ Work: _____

Driver's license number: _____ Date of birth: _____

Name of police department accident was reported to: _____

Make, model and year of vehicle: _____

Vehicle identification number (VIN #): _____

Vehicle license plate number: _____

Describe damage to vehicle: _____

Where can the vehicle be seen? _____

Is there any other insurance on the vehicle? Yes No

If Yes, please provide name of insurance carrier and policy number: _____

Describe Accident: _____

What do you estimate the total cost of the damage to the vehicle to be? \$ _____

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Automobile Liability (continued)

Was there *damage to a district owned vehicle or some other district owned property*?

Yes

No

If Yes: Complete and attach the First Party Property\Loss Claim Form in addition to completing this form.

If No: Continue on.

Was there damage to property other than an automobile and owned by someone other than the district?

Yes

No

If Yes: Complete the information requested below for each person or organization claiming such property damage.

If No: You have completed the reporting process and should forward this claim form on to the Fund's claim administrator along with a Master Claim Transmittal Form.

Please complete the following questions *for each person* claiming property damage:

- Name of property owner: _____
- Address of property owner: _____

- Telephone number of property owner: _____
- Description of damaged property: _____

- Please provide a serial or other ID number if known: _____
- Description of how property allegedly was damaged: _____

- Address of place where property can be seen: _____

- Estimated value of property lost (if known):\$ _____
- Is there any other insurance on the other property? Yes No

If Yes, please provide name of insurance carrier and policy number: _____

