NAME OF INSURANCE COMPANY:

PHONE NUMBER:

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

<u>This form must be signed with completed insurance information in order to be processed.</u>

This form must be completed and turned in **NO LATER** than 14 days after the date of the incident or first discovery.

PERSONAL INFORMATION (Please print or type cle	early)	
NAME:	EMAIL:	
(Last, First, Middle Initial)	ctd.	
PHONE NUMBER:	Gwid:	(If applicable)
CAMPUS ADDRESS: Street	City	State Zip Code
<u>CERTIFICATION</u> : To the best of my knowledge the following claim information is true and accurate. 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 infomratin materially related to a claim was provided.		
SIGNATURE:		DATE:
DESCRIPTION OF INCIDENT - DAMAGE/LOSS INFO	RMATION	
DATE OF INCIDENT/FIRST DISCOVERY:	TIME:	am / pm
ADDRESS OF INCIDENT:	Building Name Address	Room Number
Personal Property Damage (reimbursement of actual repair costs) Personal Property Destruction (reimbursement of replacement costs, salvage belongs to GW) Property Theft Medical Payments DETAILED DESCRIPTION AND CAUSE OF INCIDENT: How did the damage occur? What caused the damage? Who caused the damage? Additional information: List Property or Medical Payment Information For electronics: Make / Model / Serial Number Estimated Date of Purchase Estimated Value		
CLAIM VERIFICATION (Please attach the documentation Original receipt? Photo of Property Damaged/Destroyed? Copy of Property in Catalog? UPD Incident Report Requested by Risk Management MPD Incident Report Requested by Claimant and forward Other? (Please specify) Name of Witness: RENTERS/HOMEOWNERS INSURANCE INFORMAT Do you have Renter's or Homeowner's Insurance as requested to the documentation of the company of the compa	Yes No Yes No Yes No t (required for property theft claims) ded to RM (required for property theft clair Phone No TION	Yes ms) Number:
If yes, did you file a claim with your Renter's or Homeowner's Insurance		

CLAIM NUMBER:

CLAIM #: _____