

PROPERTY LOSS CLAIM FORM
UNIVERSITY OF CALIFORNIA, IRVINE
OFFICE OF RISK SERVICES
455 ALDRICH HALL, IRVINE, CA 92697-3025

*Submit completed report online as a **ServiceNow General Request**
Fill in all applicable blanks – if more space is needed, use the Description field on the Service Now request.*

Division: _____ Dept: _____ Date: _____

1. Date of Loss: _____ Time: _____

Location of Loss: _____

2. Property Description: _____

Project Name: _____ Project Number: _____

Department Contact (if different than submitter): _____
Phone _____

Property # _____ Serial# _____ Estimated Value \$ _____

3. Cause of Loss/ Damage: _____

4. Was someone else responsible for this damage? Please include name and contact information: _____

5. Action Requested: Repair. Replacement. Only Report. Estimated Cost \$ _____

6. Documents Required: Photographs. Service Report. Police Report.

a. If repairing: Repair estimate b. If replacing: Original purchase order Replacement quote

7. Police Agency, if reported: _____ Police Report # _____

8. Department Name and Account # _____

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