

CLAIM FOR DAMAGE OR INJURY

NOTICE TO CLAIMANT

In order that your claim for damages may receive proper consideration, you must supply the information requested on the claim form. All material facts should be stated on this form since it will be the basis of further action with respect to your claim. The instructions set forth below should be read carefully before the form is prepared.

INSTRUCTIONS

Claims for damage to or for loss or destruction of property or for personal injury must be signed by the owner of the property or the injured person, or by a parent in the case of a minor. If by reason of death, disability, or other reasons deemed satisfactory by the University of Hawaii, the foregoing requirements cannot be fulfilled, the claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the University is submitted with said claim establishing authority to act.

The amount claimed should be supported as follows:

- (a) For claims for personal injury or death, the claimant must submit a written report by the attending physician showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization or incapacitation. The claimant or physician must attach itemized bills for medical and/or hospital expenses actually incurred.
- (b) For claims for damage to property which has been or can be economically repaired, the claimant must submit at least TWO (2) itemized signed statements or estimates by reputable repair firms or if payment has been made, the itemized signed receipts evidencing payment.
- (c) For claims for lost or destroyed property or damage to property which is not economically reparable, the claimant must submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged or by TWO (2) or more competitive bidders, and should be certified as being just and correct.

The claim form must be completed in ink or by typewriter and submitted to the following office:

Office of Risk Management
2444 Dole Street
Bachman Hall, Room 112
Honolulu, Hawaii 96822

Any further instructions or information necessary in the preparation of your claim will be furnished, upon request, by that office.

**YOUR CLAIM WILL NOT BE CONSIDERED UNTIL THE REQUIRED SUPPORTING
DOCUMENTS ARE PROVIDED BY YOU.**

CLAIM FOR DAMAGE OR INJURY
(PRINT IN INK OR TYPE)

1. Full name of claimant (provide age if minor):
(Mr./Ms.) _____
2. Residence Address (including zip code): _____

3. Phone: Res: _____ Bus: _____
4. Occupation: _____
5. Place of Employment: _____
6. Location of Incident/Address: _____

7. Date of Incident: _____ Day of Week: _____ Time: _____
8. Description of Incident. (State, in detail, all known facts and circumstances, identify persons and property involved, and why you believe the University of Hawaii is at fault. If possible, please enclose photographs, maps, diagrams, etc., to help us understand the incident.)

9. Witness to incident/injury/damage/loss:

Name

Address

Phone No.

10. Property Damage or Loss (Nature and extent of damage or loss):

11. Personal Injury (Nature and extent of injury or loss):

12. Amount of Claim (See instructions for verification of amount):

Personal injury: \$ _____

Property Damage: \$ _____

13. If automobiles are involved, provide ALL of the following:

Automobile Insurance Company name and phone number, Policy Number, and Date of Expiration.

Have you filed a claim with your insurance company regarding this incident? (Please circle one) Yes No

The undersigned declares that the information contained in this claim is true and correct and that no material facts have been omitted or misstated.

Signature of person filing claim

Date

Address

State

Zip Code