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 repairable, 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 105J
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.
1. FIRST NAME: ____________________ MIDDLE: ____________ LAST: ____________________
2. GENDER: MALE ☑  FEMALE ☐
3. IF THE CLAIMANT IS A MINOR, PROVIDE THEIR BIRTH DATE: ________________
4. PARENT OR LEGAL GUARDIAN NAME IF CLAIMANT IS A MINOR:
   FIRST NAME: ___________________________ LAST: ___________________________
5. RESIDENCE ADDRESS: Street: ___________________________________________
   City: ___________________________ State: ______ Zip: _________
6. IF THIS IS AN INJURY CLAIM, IS THE CLAIMANT A MEDICARE/MEDICAID BENEFICIARY YES ☑ NO ☐
7. PHONE (HOME/CELL): ___________________________ PHONE (WORK): ________________
8. EMAIL: _______________________________________________________________
9. OCCUPATION: _______________________________________________________
10. EMPLOYER: __________________________________________________________
11. DATE INCIDENT OCCURRED: ________________ TIME: __________ AM ☑ PM ☐
12. SPECIFIC LOCATION OF INCIDENT: (Identify street, cross street, lane of travel, direction of travel, city)
   ______________________
13. DESCRIBE WHAT OCCURRED IN DETAIL, PROVIDE ALL KNOWN FACTS AND IDENTIFY PEOPLE OR
   PROPERTY INVOLVED. ATTACH PHOTOGRAPHS, MAPS, DIAGRAMS, ETC. TO EXPLAIN THE INCIDENT.
   ______________________
14. EXPLAIN WHY YOU FEEL THE STATE OF HAWAII IS AT FAULT:
   ______________________
15. DESCRIBE THE SPECIFIC NATURE & EXTENT OF THE INJURY, PROPERTY DAMAGE OR LOSS:
   ______________________

17. WAS A POLICE REPORT COMPLETED?  YES ☐  NO ☐  IF YES, PROVIDE THE POLICE REPORT # __________________________

18. WERE THERE ANY WITNESSES WHO SAW THE INCIDENT?  YES ☐  NO ☐  IF YOU ANSWERED YES:
NAME: ____________________________  PHONE: ____________________________
ADDRESS: ____________________________  EMAIL: ____________________________

19. DID YOU PREVIOUSLY REPORT THIS INCIDENT TO THE STATE?  YES ☐  NO ☐  IF YOU ANSWERED YES:
DATE CLAIM WAS ORIGINALLY REPORTED: ____________________________
HOW WAS THE CLAIM REPORTED: ____________________________
NAME OF STATE EMPLOYEE REPORTED TO: ____________________________
CONTACT INFO FOR THAT STATE EMPLOYEE: ____________________________

20. AMOUNT OF THE CLAIM (SEE INSTRUCTIONS FOR VERIFICATION OF THE AMOUNT):

PROPERTY DAMAGE: $____________________
PERSONAL INJURY: $____________________

ATTACH A COPY OF ALL SUPPORTING DOCUMENTATION (INCLUDING A COPY OF THE POLICE REPORT). IF THIS IS A PROPERTY DAMAGE CLAIM, THE OWNER OF THE DAMAGED PROPERTY MUST SIGN THIS FORM. FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

________________________________________  ____________________________  ____________________________
SIGNATURE          FULL NAME          DATE

________________________________________
MAILING ADDRESS (WITH CITY, STATE, ZIP CODE)

________________________________________
EMAIL

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