

## 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.**

**PRINT LEGIBLY OR TYPE**

STATE OF HAWAII

## CLAIM FOR DAMAGE OR INJURY

YOUR CLAIM CANNOT BE PROCESSED UNLESS THIS FORM IS FULLY COMPLETED AND SIGNED.  
ATTACH ADDITIONAL PAPER IF NECESSARY.

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:

16. IF AUTOMOBILES ARE INVOLVED, HAVE YOU ALREADY FILED A CLAIM WITH AN AUTO INSURANCE COMPANY REGARDING THIS INCIDENT? YES  NO

IF "YES", PROVIDE THE AUTO COMPANY'S NAME, THE POLICY NUMBER, THE CLAIM NUMBER, THE ADJUSTER NAME AND PHONE NUMBER:

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