



# STATE SELF-INSURANCE CLAIM REPORT FORM

For State Agencies Use Only

READ INSTRUCTIONS ON REVERSE BEFORE COMPLETING THIS FORM  
PLEASE PRINT OR TYPE

Agency

Agency University of Oregon Agency Number 580500  
Agency Address 219 Johnson Hall 1219 University of Oregon --- Deb Donning City Eugene State OREGON Zip 97403  
State Employee Involved \_\_\_\_\_ Daytime Phone \_\_\_\_\_

What Happened

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_  a.m.  p.m. Building Name \_\_\_\_\_  
Incident Location: Street Address & City OR Hwy No., Milepost, & City, OR Intersection & City \_\_\_\_\_  
Brief Summary of facts as reported by:  Claimant  State  Other \_\_\_\_\_

Driver of state vehicle was a:  State Employee  Volunteer  Student  Contractor  Other (Describe) \_\_\_\_\_  
Did police investigate?  Yes  No If yes:  State  County  Local \_\_\_\_\_ Report Number \_\_\_\_\_

| Witness Name(s) | Address | Daytime Phone(s) | Employee?  |
|-----------------|---------|------------------|--|
|                 |         |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                 |         |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Injuries

| Name(s) | Age | Injury | Address | Daytime Phone(s) | Employee?  |
|---------|-----|--------|---------|------------------|--|
|         |     |        |         |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|         |     |        |         |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other Property

Owner's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate \_\_\_\_\_ Damage Estimate: \$ \_\_\_\_\_  
Where can property be inspected: Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Phone \_\_\_\_\_  
Describe any harm/damage to non-state person(s) or property \_\_\_\_\_

Settlement/State Property

**DAMAGED STATE PROPERTY:**  
 Building  Agency Personal Property  Vehicle; Make, Model, & Plate Number \_\_\_\_\_  
 Loss by Employee Dishonesty  Other \_\_\_\_\_

Where can property be inspected? \_\_\_\_\_

Complete all the cost and value blanks. Please be sure to include towing in with the cost to repair/replace.

- A. Item's value shown on inventory: \$ \_\_\_\_\_
- B. Cost to Repair: \$ \_\_\_\_\_ ⇨ Lower of price agreement or 3 vendor estimates or bids.
- C. Cost to Replace: \$ \_\_\_\_\_ ⇨ Cost to buy a new item of same/like kind of damaged item.
- D. Loss (lesser of B or C): \$ \_\_\_\_\_ ⇨ Not worth repairing? See "Total Loss" on reverse side of this form.
- E. Less Deductible: \$ 2,500.00 ⇨ \$2,500 or \$1,000. See "Deductible" on reverse side of this form
- F. **Net Loss** (D minus E): \$ \_\_\_\_\_

How will loss payments be used?  Repair or replace the item  For this alternative use \_\_\_\_\_

What is **your** reference to this loss, i.e. claim/file number, vehicle number, license plate number, description, etc. \_\_\_\_\_

Contact

**PERSON CERTIFYING THE LOSS REPORTED AND COVERAGE OF STATE PROPERTY (SEE REVERSE)**

Authorized Department Signature \_\_\_\_\_ DEPARTMENT \_\_\_\_\_  
Phone \_\_\_\_\_ Date Submitted \_\_\_\_\_

# INSTRUCTIONS

This form is to be used only by Oregon State agencies, officers, employees and agents. It is to request coverage from Risk Management Division under state the self-insurance plan. This form must be filled out COMPLETELY. If a line does not apply to your loss, respond with "NA" or "NONE".

All property claims MUST be reported to Risk Management **as soon as possible** and no later than 90 days after discovery of your loss. Property claims filed after 90 days will need Risk Management approval for coverage. Liability claims should be reported to us immediately.

## THIS FORM IS USED TO REPORT:

- Loss or damage to property. See Property Self-Insurance Policy Manual 125-7-101.
- Loss by employee theft or fraud. See Employee Dishonesty Manual 125-7-203.
- Tort claim or suit against a state agency, officer, employee, or agent. See Liability Policy Manuals 125-7-202 or 125-7-201.

Do **not** use this form for state property losses less than your deductible (see "Deductible" below) or workers' compensation claims.

**FAST TRACK CLAIMS:** Intended for quick and final payment of simple losses to state property. RMD does not require supporting documents for claims that meet the tests below. However, your agency is required to retain documents for audits. This loss must:

- Be to property **owned** by the State of Oregon.
- Be **\$10,000 or less**. (This dollar limit does not apply to passenger vehicles, including cars, pickups, and vans.)
- Be one in which you are certain the state is not liable for any loss to any **non-state** property or people.

## OTHER STATE PROPERTY CLAIMS: If available, attach:

- Proof you own or are responsible for the property (contracts, agreements, inventory information, etc.).
- Extent and cost of damages (repair estimates, photographs, details of the actual or proposed replacement, etc.).
- Information on any adverse party's insurance.
- Evidence to help us recover the state's loss from any third party. Who may be liable for the state's loss. Include an explanation, the person's name, address, company, and insurer; witness(es) names and address(es); copies of cost estimates, photos, purchase orders, police reports, fire reports, etc. Do not dispose of the damaged property or other evidence until we authorize you to do so.

## VEHICLE REPAIRS:

- Require used and rebuilt parts whenever they create no safety hazard. For example, do not pay for a new car door unless a used, paintable door cannot be obtained.

**TOTAL LOSS:** property is normally replaced if the necessary and reasonable costs of repair:

- Exceed the cost to replace the property with a new item of like kind and quality, or
- For passenger vehicles exceeds 80 percent of the NADA value as determined by us or our contractors.

We will arrange the sale of destroyed vehicles and other salvageable property.

**DISHONESTY CLAIMS:** Immediate reporting is required so we may comply with the conditions of commercial insurance. You **MUST** report to us within 90 days of discovery of a loss. If available, please attach:

- An explanation of the loss.
- The Identity and related data on the suspected employee.
- Date of initial discovery.
- Estimate of maximum potential loss.

**LIABILITY CLAIMS:** Immediate reporting is critical. There is often a person who is injured or has damaged property who is expecting us to contact them. **DO NOT DELAY.** Please attach:

- Copies of applicable letters, reports, orders, rules, Motor Vehicle Division's Traffic Accident and Insurance Report, original photographs and any other materials related to the claim.
- Witnesses and involved parties' names, addresses and phone numbers.
- The lawsuit, if you were served. Write on the summons when it was received in your office and by whom. Call us immediately. Send the summons and complaint to us and to the Department of Justice.

**FOR ALL CLAIMS:** In all cases be sure to:

- Preserve all physical evidence.
- Give us the name and phone number of your contact person for further information.
- Do not delay your report. If documents or information are missing, complete the report form and submit it with what you have.
- If you have any questions on coverage, documentation or actions you should take, call us at once.

**BY USE OF THIS FORM,** you are certifying, subject to audit, that:

- The event of loss and damages are as described.
- The loss is not excluded from coverage under Property Self-Insurance Policy Manual (125-7-101). (Call us if you are uncertain.)
- Any repairs or replacements conform to state bidding, contracting, and purchasing rules and procedures.
- You are keeping all documents for this loss in your files. We may need more information or state audits may include reviews of your losses.

**DEDUCTIBLE:** Beginning July 1, 2002, deductibles increase to \$2500.

- \$2,500 for agencies that have 20 or more legislatively approved budgeted FTE.
- \$1,000 for agencies that have 19 or less legislatively approved budgeted FTE.

**DISTRIBUTION:** Make two-sided photos of this form for your stock. Send this completed form and attachments, or reports:

Risk Management Claims Processor  
Deb Donning, 219 Johnson Hall  
Phone: 6-3013 Fax 6-6110

**WHAT'S NEXT:** We will investigate the claim and resolve it. We may write or call your contact person. Do not discuss the claim with anyone except us, our designated representative, or the Oregon Department of Justice. **Do not** take any actions to resolve a claim without talking to us. If there is an urgent matter, call us immediately.

Visit RMD website at: <http://risk.das.state.or.us/agncylos.htm> for more information.