Resident's Personal Property Damage(s) Claim Form
Page 1 of 3

GENERAL INFORMATION

Use this for all claims of damage to personal property that total less than $1,000.00. All claims of $1,000.00 or more must be handled through the UCSD Risk Management Office. Contact the Risk Management Office at 858.534.2454 for specific procedures.

Submitting a claim for damages in no way guarantees any reimbursement for claimed losses.

SUBMISSION GUIDELINES

✓ Before submitting your claim, review your student contract. The University is specifically limited in terms of liability.

✓ You must factor in regular wear and tear on any item(s) costs that you are claiming.

✓ Be very specific about the damages that you are claiming. You must provide appropriate documentation to support your claim. Without documentation, it is very difficult to validate your claim. Examples of appropriate documentation are (but not limited to):

   a. Original purchase receipt(s) of item(s) damaged
   b. Cleaning/Repair receipt(s)
   c. Replacement bill of sale
   d. Photograph(s)
   e. Maintenance Department Work Order(s)
   f. Written documentation of any witness(es)

✓ Take pictures of all damaged items.

✓ Do not throw away any damaged items unless specifically instructed to do so.

✓ Answer all questions on claim form.

✓ Keep copies of all correspondence and submittals.

✓ Submit your damage claim (include all items on one claim form) to Ryan Cones, Mail Code 0382. Multiple submissions will not be accepted.

✓ Acceptance of any offer made by UCSD will close the claim and void any additional claims on the same problem.

✓ If you have questions, call Ryan at 858.534.9731.
Resident’s Personal Property Damage(s) Claim Form
Page 2 of 3

Name: ___________________________________ Today’s Date: _______________________________

Location where damage occurred (facility name & apt./room #) ____________________________

PID Number:  ___________________________________

Mailing Address: ___________________________________
                                          ___________________________________
                                          ___________________________________
                                          ___________________________________

Phone #:  ___________________________________

Are you a resident of California? ____ yes ____no

Are you employed by UCSD? ____ yes ____no

Did you take out renter’s insurance as recommended by the University? _____ yes _____no

Have you checked whether you or you parents have homeowners insurance to cover your damages? _____ yes _____no

===========================================================================

Date that damage occurred:____________________

Describe the circumstances related to the damage occurring:

--------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------

Attach documentation to support your claim for damages (see examples on page 1).
Please list all items that you are claiming as damaged and their estimated value at the time of the loss (factor in estimated wear and tear). If you are providing replacement costs, you must note this. Use additional sheets if necessary.

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Claim $__________

Certification: I understand that my signature below certifies that all information is true and correct to the best of my knowledge. I further understand that any false or misleading information will result in cancellation of this claim:

Signature ___________________________ Date ___________________________

Name (printed) ___________________________