

Submit this completed form and all required documentation to insuranceservices@asu.edu.

Risk Management use only

ASU claim #: _____ State claim #: _____ State adjuster: _____

Section 1: Reporting requirements

ASU is insured by the State of Arizona, which requires that all claims must be submitted in a timely manner. The Vehicle Loss Report and required documentation must be received within the timelines set forth below. Any claim reaching 90 days with no action or any claim submitted after 90 days will be denied.

1 day from discovery of loss for vehicle damage estimated at above \$5,000.

10 days from discover of loss for vehicle damage estimated \$5,000 or below.

Section 2: Document requirements

In order to properly assess the claim, the following must be submitted with the claim, where applicable:

- Loss report.
- Detailed quote/estimate.
- Pictures.
- Police report.

Section 3: ASU department information

Department name: _____

Campus: _____ Mail code: _____

Contact name: _____ Contact phone: _____

Account number for reimbursement: Cost center: _____ Program code: _____

Section 4: Critical information

Do any of the following apply to this loss? No Yes | If 'No' go to section 5.

| Check all that apply | Description of injury |
|---|-----------------------|
| <input type="checkbox"/> ASU employee physical injury | |
| <input type="checkbox"/> Third-party physical injury | |

Section 5: ASU vehicle information

Was this a ASU-owned vehicle ASU-leased vehicle Rented vehicle

ASU-issued vehicle number: _____ Estimated amount of damage: \$ _____

Year: _____ Make: _____ Model: _____ License #: _____

Point of impact on the vehicle: _____

Vehicle removed? Yes No | If yes, where? _____ by whom? _____

Section 6: ASU driver information

Was the vehicle being driven at the time of damage? **Yes** **No | If 'No' go to Section 7.**

Who was driving: ASU employee/student worker Registered Volunteer Other

Last name: _____ First name: _____

Contact number: _____ Email: _____

Address: _____ City: _____ State: _____

Driver's license #: _____ Operator CDL State: _____ Expiration: _____

Section 7: Third-party driver and vehicle information

Did this incident involve a third party? **Yes** **No | If 'No' go to Section 8.**

Last name: _____ First name: _____

Contact number: _____ Email: _____

Address: _____ City: _____ State: _____

Driver's license #: _____ Operator CDL State: _____ Expiration: _____

Year: _____ Make: _____ Model: _____ License #: _____

What is the point of impact on the vehicle? _____

Vehicle removed? Yes No | If yes, where to? _____ by whom? _____

Insurance carrier: _____

Section 8: Witnesses

Were there any witnesses to this incident? **Yes** **No | If 'No' go to Section 9.**

1. Last name: _____ First name: _____
Contact number: _____ Email: _____

2. Last name: _____ First name: _____
Contact number: _____ Email: _____

3. Last name: _____ First name: _____
Contact number: _____ Email: _____

Section 9: Incident information

Date of incident: _____ **Time of incident:** _____ **Police report:** _____

Location of incident:

_____ City: _____ State: _____

Cross streets: _____ Highway: _____ Mile marker: _____

Vehicle was involved with a:

Pedestrian Fixed Object Other Vehicle Other ASU/state vehicle Other: _____

Using the space below, describe how the incident occurred. Below your description, **draw a rough diagram of accident**: Show your car as⇒; other car as ⇒ as the collision occurred. Show direction and distance traveled before crash by solid line _____. Then at point of crash; third, positions and distances traveled after collision. Show distance traveled after crash by dotted line

Describe in detail how the damage or loss occurred | Attach pictures as .jpg or PDF.

Did you attach pictures? ☐ Yes ☐ No

Important information:

1. **Required estimates:** Estimates **must** be submitted to ASU Risk and Emergency Management in order to obtain approval from the State of Arizona to move forward with repairs. For faster processing claims of a stolen computer, camera, etc., please acquire **two (2) like kind and quality quotes** and submit them as soon as possible to ASU Insurance Services.
2. **Claim number:** Once your claim is submitted, please note the ASU or State claim number that is assigned and include it along with your name on all documents you submit, when you email, or when you call ASU Risk Management Services.
3. **Pictures:** Photos serve to substantiate the extent and type of damage
 - **Vehicle damage:** Include full-frame pictures of the entire vehicle and provide close-up pictures of the actual damage. Vehicle damage should include around 7 clear, full-color photos. Windshield damage should include at least 1 full frame and 1 close up.

For any questions regarding this form or the insurance recovery process, please:

Visit: <https://cfo.asu.edu/insurance-services> | Email: insuranceservices@asu.edu | Call: 480-965-7700