

**Resident’s Personal Property Damage(s) Claim Form**

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**General Information**

The University of California's Property Insurance Program **does not** provide coverage for any one individual's personal property damaged and recommends residents to acquire their own renters' insurance policy. This includes but is not limited to flood damage. **A Personal Property Damage Claim Form may be submitted for consideration when personal property damage has occurred** **as a result of staff negligence**. For any damages caused by malfunctioning laundry equipment, please reach out to WASH Multifamily Laundry Services to file a claim: <https://www.wash.com/service-request/>

\*Submitting a claim for damages does not guarantee 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 - depreciated costs will be utilized as appropriate.
* Be very specific about the damages that you are claiming and 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 the claim form.
* Keep copies of all correspondence and submittals.
* Submit your damage claim (include all items on one claim form) to Jaime Shoultz ([hdhcustcare@ucsd.edu](mailto:hdhcustcare@ucsd.edu)) or send via campus mail to Mail Code 0514. Multiple submissions will not be accepted. If you have questions, call Jaime Shoultz at 858.534.2380.
* Acceptance of any offer made by UC San Diego will close the claim and void any additional claims related to the same event.

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**A Personal Property Damage Claim Form may be submitted for consideration when personal property damage has occurred** **as a result of staff negligence**.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

PID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Date of loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the circumstances related to the cause of incident:

**Attach documentation to support your claim for damages (see examples on page 1).**

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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.

|  |  |
| --- | --- |
| **Item Description** | **Estimated Cost** |
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|  |  |
|  |  |
| **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)