

**TULANE UNIVERSITY
NOTICE OF CLAIM**

**Personal Injury or Property Damage Office
of Insurance and Risk Management 200**

Broadway, Suite 126
New Orleans, LA
70118

Email: OIRM@Tulane.edu Phone: 504.865.5653 Fax: 504.862.8766

This report must be completed and submitted to the Office of Insurance & Risk Management (oirm@tulane.edu or fax to number above) as soon as practicable after any personal injury or property damage allegedly caused or contributed to by the University's negligence or fault.

F	Name:	Address:	Phone:
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Date and Time of Incident (or Notice of Incident): / / **a.m/p.m.**

Status at time of incident:
Employee Visitor Contractor Vendor Other

Description of how and where injury or property damage occurred (include names, addresses and contact information for any witnesses):

Description of injury or property damage (for property damage, include age, make, model and serial number, if applicable):

Explain why you believe that the University is responsible for your loss:

FOR PERSONAL INJURY:
Have you sought medical treatment? Yes (attach copies of medical reports/bills) No

FOR PROPERTY DAMAGE:
Is there a written estimate for the damage or bill for replacement of the property?
Yes (attach copy) No (state estimated repair cost/replacement value, if known: \$
Where can the property be viewed?

Please attach a copy of the following documents to the extent applicable and available. Indicate same by checking the appropriate box(es):
Police Report Purchase document as proof of ownership, purchase, and value
Estimate of repair or replacement cost Medical reports and/or medical bills