

OREGON AGENCY PROPERTY CLAIM FORM

PLEASE READ THESE INSTRUCTIONS CAREFULLY AS THERE HAVE BEEN CHANGES

Only Oregon state agencies, officers, employees and agents may use this form. It requests coverage from DAS Risk Management's self-insurance plan. Please complete the entire form. If a line does not apply to your loss, respond with "NA" or "NONE".

USE THIS FORM 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 below) or workers' compensation claims.

- \$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.

FOR ALL CLAIMS:

- Preserve all physical evidence.
- 2 or 3 competitive bids are required. This may differ from your agency's purchasing requirements. Incomplete estimates will not be accepted
- Give us the name and phone number of your contact person for further information.
- Do not delay your report. Complete the report form and submit what you have even if documents or information is missing.
- If you have any questions on coverage, documentation or actions you should take, call us at once.

BY USING THIS FORM, you are certifying, subject to audit, that:

- The event of loss and damages are as described.
- 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.

STATE PROPERTY CLAIMS: All property claims **MUST** be reported to Risk Management as soon as possible and no later than 90 days after the discovery of loss. Property claims filed after 90 days will need DAS Risk Management approval for coverage. Please 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.
- Information to help us recover the state's loss from any third party. This may include an explanation of what happened, the person's name, address, 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.
- 2 or 3 competitive bids are required.

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.
- DAS Risk Management retains ownership of salvage unless other arrangements are made.

DISHONESTY CLAIMS: We require immediate reporting so we may comply with the conditions of commercial insurance. You **MUST** report the loss to us within 90 days of discovery. 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 may be 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 documentation, 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.

WHAT'S NEXT: We will investigate the claim and resolve it. We may contact you. **Do not** discuss the claim with anyone except us, our designated representative or the Oregon Department of Justice. **Do not** take any action to resolve a claim without talking to us. Immediately call us if an urgent matter arises.

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Agency	Agency _____ Agency Number _____ Agency Address _____ City _____ State _____ Zip _____ State Employee Involved _____ Daytime Phone _____																		
What Happened	Date of Incident _____ Time _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Building Name _____ Incident Location: Street Address & City OR Hwy No., Milepost, & City, OR Intersection & City _____ Brief Summary of facts as reported by: <input type="checkbox"/> Claimant <input type="checkbox"/> State <input type="checkbox"/> Other _____ _____ Driver of state vehicle was a: <input type="checkbox"/> State Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Other (Describe) _____ Did police investigate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Local _____ Report Number _____ <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Witness Name(s)</th> <th style="width: 30%;">Address</th> <th style="width: 20%;">Daytime Phone(s)</th> <th style="width: 20%;">Employee?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>	Witness Name(s)	Address	Daytime Phone(s)	Employee?				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No						
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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: <input type="checkbox"/> Building <input type="checkbox"/> Agency Personal Property <input type="checkbox"/> Vehicle; Make, Model, & Plate Number _____ <input type="checkbox"/> Loss by Employee Dishonesty <input type="checkbox"/> Other _____ 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 2 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 instruction part of this form. E. Less Deductible: \$ _____ ⇒ \$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? <input type="checkbox"/> Repair/replace the item <input type="checkbox"/> 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 INSTRUCTIONS) Authorized Signature _____ Working Title _____ Email address: _____ Phone: _____ Date Submitted: _____																		