

TULANE UNIVERSITY
NOTICE OF CLAIM
Personal Injury or Property Damage
Office of Enterprise Risk Management

1555 Poydras Street, Suite 922
 New Orleans, LA
 70112

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

This report must be completed and submitted to the Office of Enterprise 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 u l l	Name:	Address:
		Phone:

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