



Property Loss/Automobile Loss Information & Documentation

If you have a property loss at your site, the following information will be needed to process a claim.

1. Original purchase invoices and original replacement invoices. If original invoices for the purchase are unavailable, an inventory sheet can be used to substantiate ownership of the damaged or stolen property.
2. Employee time cards for time spent due to loss.
3. Copy of police report or name of agency reported to and report number.
4. Purchase orders CANNOT be used in lieu of replacement invoices. There can be differences between purchase orders and final invoices. We must have invoices for final settlement.
5. If the loss is due to vandalism or the fault of another party, obtain as much information from the police as possible. If loss is due to some defect, protect all evidence of defect. This will enhance the subrogation potential. Do not turn subrogation over to probation. Do not appear in court for restitution hearings unless Schools Insurance Group has been notified of the hearing and has given input. Do not agree to community service in lieu of restitution. Keep in mind you are in a self-insured program; you have suffered the entire loss, not just your deductible portion. Forward any forms received from probation or court to Schools Insurance Group for completion. In cases involving juveniles, our ability to obtain names is very limited. You may be able to obtain names with less difficulty. If names are available, please forward along with any parental information such as address or phone number you may have whenever possible.
6. If in doubt on any aspect of a call, contact Gabbi Daniel with Schools Insurance Group gabbid@sigauburn.com
7. If you have an automobile physical damage loss, complete the automobile accident form. All repairs MUST BE AUTHORIZED PRIOR TO WORK BEING DONE. If the damage is \$2,500 or less, we will require 2 estimates for the damage and pay based upon the lowest. If the damage is over 2,500, we will need an adjuster from Schools Insurance Group to inspect.



Damage to or Theft of District Property

District: _____

Site: _____

Date of Incident: _____

Description of Incident: _____

Law Enforcement Agency Reported To: _____

Report Number: _____

Name of Person Making Report: _____

Signature of Person Making Report: _____

District Vehicle

Driver _____

License # _____

Vehicle Year & Make _____

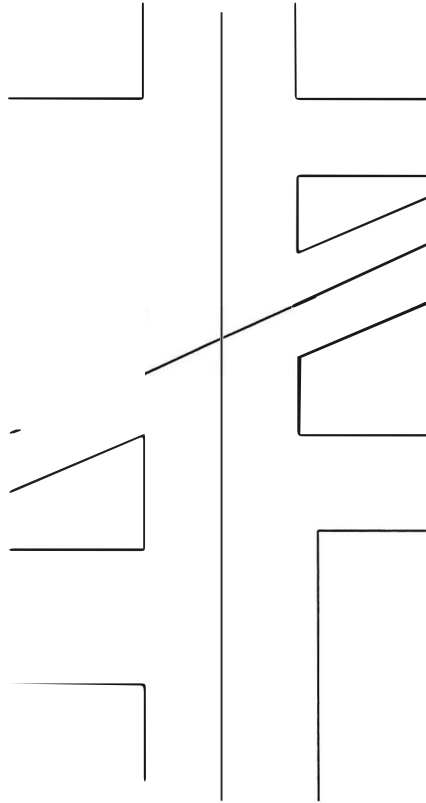
Vehicle License # _____

Area of Damage _____

Describe How Accident Occurred

Diagram & Miscellaneous (If Necessary)

Indicate on this diagram what happened:
(Indicate North by Arrow)



Schools Insurance Group
Liability Claims
Administrators
550 High Street, Suite 201
Auburn, CA 95603
(530) 823-9582

School District:

Report of Accident

1. Stop at once.
2. Provide assistance to any injured party.
3. Contact the local police authority.
4. Phone your supervisor if there is personal injury or extensive property damage.
5. Do not discuss the accident with anyone other than the police authority, your employer or a representative of SIG.
6. Complete this report as soon as possible.

Liability Coverage

This vehicle is owned by a public entity and is self-insured through the membership in a joint powers insurance authority pursuant to the California government code.

School District _____

Accident Date _____ Time _____

Location _____

Police Agency Called _____

Other Party

Name _____

Address _____

Phone: Home _____

Work _____

Driver's Lic.# _____

Automobile Year & Make _____

License Number _____

Area of Damage _____

Prior Damage _____

Insurance Company _____

Address _____

Telephone Number _____

Number of Passengers _____

Injured

Name _____ Age _____

Address _____

Phone: Home _____

Work _____

Nature of Injury _____

Name _____ Age _____

Address _____

Phone: Home _____

Work _____

Nature of Injury _____

Name _____ Age _____

Address _____

Phone: Home _____

Work _____

Nature of Injury _____

Name _____ Age _____

Address _____

Phone: Home _____

Work _____

Nature of Injury _____

Witnesses

Name _____

Address _____

Phone: Home _____

Work _____

Name _____

Address _____

Phone: Home _____

Work _____

Name _____

Address _____

Phone: Home _____

Work _____

Name _____

Address _____

Phone: Home _____

Work _____