



Northeastern University PROPERTY DAMAGE/LOSS CLAIM FORM

Please return completed form to Office of Risk Services 360 Huntington Ave CP 398 Boston MA 02115
or via email at insurance@neu.edu

This form must be completed and submitted **NO LATER** than 14 days following date of the incident or first discovery.

Department/College Name		Authorized Individual:		
Address:		Email Address: :		
Phone #				
FACTS	Date of Loss:	Time of Loss:	Weather:	
	Location:			
	Description of Incident:			
	Were you injured as a result of this Incident?			
	Who Was Notified?	Name	Address	Telephone
	What Action Was Taken by the Agency Following Damage?			
PROPERTY	Description of Property Involved: If more than one item, please list on page 2.			
INSPECTION	Estimated Total Amount of Loss: (Include Total from Page 2)			
	Are Item(s) available for inspection?	Please provide receipt or PO from original Purchase		
PARTY RESPONSIBLE FOR LOSS	Name (Individual or Firm) – That caused loss, if known			
	Address	Phone:		
WITNESSES	1) Name	Address	Phone No.	
	2) Name	Address	Phone No.	
POLICE REPORT	Agency	Officer and ID No.	Report No.	
REMARKS				
Reviewed by (Please Print)		Date _____		
(Director or Dean)				
Authorized Signature				

