**PERSONAL INJURY/PERSONAL PROPERTY DAMAGE CLAIM FORM**

**Name of Claimant:** Click here to enter text.

**Address of Claimant:** Click here to enter text.

**Cell #:** Click here to enter text. **Home #:** Click here to enter text. **Work #:** Click here to enter text.

**Date of Injury/Damage:** Click here to enter text.

**Where did injury or damage occur?** Click here to enter text.

**Statement of Facts (attach accident/incident report):** Click here to enter text.

**IS THIS CLAIM MADE FOR:**

**A. Uninsured Medical Expenses?  YES  NO**

Was this an on-the-job-injury?  YES  NO  
(See [*On-The-Job-Injury Policy*](https://www.athensedu.org/pdfs/policies/Operating/Human-Resources/On-The-Job-Injuries.pdf))

Amount: $Click here to enter text.

Do you have insurance?  YES  NO

All medical expenses must be submitted to your insurance company. **Attach documentation to support the amount claimed, such as itemized bills and insurance company statement(s) showing the expenses that have been filed and the amount paid or payable by insurance.**

**B. Damage to personal property?**  YES  NO

Amount: **$**Click here to enter text.

**Attach bills, receipts, etc. to substantiate amount claimed. If automobile, attach two estimates of repair costs.**

Describe Property (year/make/model of vehicle, watch, eyeglasses, clothing, etc.)  
 Click here to enter text.

Do you have insurance that would cover all or part of the damage:  YES  NO

Amount of coverage: $Click here to enter text. Deductible: $Click here to enter text.

Have you filed for coverage to which you are entitled under your policy?   
 YES  NO

**C. Miscellaneous/Other Expenses?**  YES  NO

Amount: $Click here to enter text.

Explain (Attach documentation to substantiate): Click here to enter text.

**TOTAL AMOUNT CLAIMED (Combine A/B/C): $**Click here to enter text.

**No part of this claim has been assigned by me and no amount has been paid to or received by me in payment for any damages/injury complained of herein except as set out as follows: (list amounts received from insurance or any other sources):**

**As claimant, I release and forever discharge Athens State University from further liability and obligation with regard to this claim.**

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Signature of Claimant**