



COUNTY OF ALAMEDA
EMPLOYEE'S CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY
OR PERSONAL VEHICLE (FORM 430300-4)

NOTE: This form is to be completed by County employee who would like to request reimbursement for the repair or replacement to his/her lost or damaged personal property while in the course and scope of County employment. All claims are subject to CAO Risk Management Unit's review, evaluation and approval.

INSTRUCTIONS: Please print or type all requested information. **A vehicle accident/incident report (Form 430300-1) or an incident report form (Form 430300-2) must accompany this reimbursement request.** Send completed form and required supporting documents to Risk Management Unit, 125 – 12th Street, 3rd Floor Oakland, CA 94607, QIC 28505.

AGENCY/DEPARTMENT: _____ **UNIT:** _____
NAME OF EMPLOYEE: _____ **QIC #:** _____ **EMPLOYEE ID#:** _____

1	Date of Loss: _____ Time: _____ Date Reported to Risk Management Unit: _____ Place of Loss: _____
2	Describe the Damage to Property/Vehicle: _____ Make/Model/Year of Vehicle: _____ Vehicle License Plate #: _____ Registered Owner of Vehicle: _____ Address of Registered Owner: _____
3	Cause of Loss/Damage: (Use additional sheet, if necessary) _____ _____
4	Action Requested: <input type="checkbox"/> Repair <input type="checkbox"/> Replace Estimated Cost to Repair or Replace: \$ _____
5	Documents Attached: <input type="checkbox"/> Repair/Replacement Invoice <input type="checkbox"/> Photographs <input type="checkbox"/> Police Report <input type="checkbox"/> Other

DIAGRAM OF ACCIDENT (Mark your Vehicle as #1 and the Other Vehicle as #2):

CERTIFICATION: I hereby certify that the statements contained herein are true; that the damage or loss occurred while the employee was in the course and scope of his/her County employment; that it was not caused or in any way contributed to by the employee; and that the damaged or lost property was necessarily worn or carried by the employee while in the course and scope of County employment.

Employee's Signature _____ **Date:** _____ **Phone #:** _____

Department Authorized Staff: Print Name: _____ **Signature:** _____
Date: _____ **Phone #:** _____

Shaded Areas are to be Completed by Risk Management Unit:

Gross Loss: \$ _____ **Amount to Fund: \$** _____

Request Approved Request Not Approved: Additional Approval Required

FUND # _____ **ORG #** _____ **ACCT #** _____ **PROGRAM #** _____

Risk Management Authorized Signature: _____ **Date:** _____