



# THE UNIVERSITY OF WINNIPEG

## Self-Insurance Claim Form

### Claimant Information:

Department \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Contact Title \_\_\_\_\_  
Contact Phone # \_\_\_\_\_ Contact email \_\_\_\_\_

### Description of Loss:

Brief Description of Item Lost or Stolen \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Asset ID Number \_\_\_\_\_ Serial Number \_\_\_\_\_

Date of Original Purchase \_\_\_\_\_

Brief Description of Damage to be Repaired \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief Description of why this item should be repaired or replaced \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was Confidential / Sensitive / Personal information compromised in this incident? If so, ensure that notification is provided IMMEDIATELY to the Information and Privacy Officer, Office of the General Counsel.**

\_\_\_\_\_

Was the Item Lost or Damaged owned by the University? **Yes / No / Unknown**  
 Was the Item Lost or Damaged paid for by a Research Grant? **Yes / No / Unknown**  
 What is the estimated Cost to replace the item? \$ \_\_\_\_\_  
 Include estimate, Purchase Order, receipts, etc... if available

**Description of Incident Causing Loss:**

Date Loss Incurred \_\_\_\_\_

Was a report filed with Security Services? **Yes / No**

Security Services Incident Number \_\_\_\_\_

If yes, attach copy of report to this claim

Was a Police Report Filed? **Yes / No**

Police Report Number \_\_\_\_\_

If yes, attach copy of report to this claim

Has physical plant been contacted to repair any immediate damage?  
 \_\_\_\_\_

Brief Description of events surrounding / Causing Loss or Damage \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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Brief Description of how the item was Safeguarded Against Theft or Damage \_\_\_\_\_  
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<b>Claimant Signature</b> _____ <b>Date</b> _____
<b><u>For Risk Management/Finance Department Use Only</u></b>
<b>Claim Number</b> _____
<b>Claim Approved?</b> _____ <b>Yes / No</b>
<b>Value Approved:</b> _____
<b>Explanation</b> _____ _____ _____ _____
<b>Authorized Signature</b> _____

**Procedure**

Upon discovery of the loss, The Department requesting the repair or replacement should:

1. Take action to minimize the loss immediately (i.e. contacting Physical Plant to fix a leak or secure the premises, move any salvageable assets to a safe, secure location, etc... if appropriate)
2. Contact Security Services and file a report (Fire, theft, vandalism, mysterious disappearance)
3. Identify the cost of the repair or replacement required,
4. Complete a Self-Insurance Claim Form, and
5. Submit the form to the Insurance and Risk Management department

The Insurance and Risk Management department will evaluate the form in compliance with the University's *Self-Insurance Policy* and inform The Department whether the claim and its requested value has been approved in whole or partly or denied in a timely manner.

If the claim is approved, The Department should arrange for the purchase of the goods and/or services required, and provide the Purchase Order or Invoice to the Insurance and Risk Management department for approval, prior to its submission to Purchasing or Accounts Payable.