

University of Texas System Potential Claim Incident Report

Incident Date: _____

Insured Value: _____

Property Involved: _____

Inventory Number: _____

Account/Unit Code: _____

Description of Incident: _____

Institution: _____

Contact Person: _____

Phone: _____

Estimate of Repair or Replacement: _____

Further Action to be taken (equipment requiring further testing / investigation / evaluation, determination of salvage value, etc.)

(Please provide any supplemental information)

This report must be submitted within 48 hours of loss event.

09-09-2003