

# JHU & JHHS Auto Loss Claim Form

JHU or JHHS vehicle:

JH Contact Name:

Department:

Address:

Phone:

Date of Accident:

Accident Location:

## Brief Description of Accident:

If another vehicle was involved please include the driver's name, phone number, vehicle information, insurance carrier, and policy #.

Witness(es):

Contact Info:

## JHU or JHHS Vehicle Information

Make/Model:

Tag #:

Driver:

Phone Number:

## Please submit the following with the completed loss form:

- Police or Security Report
- Accident Photos
- Copy of other party insurance information
- The rental agreement between JHU and the Rental Company
- Written Confirmation that the car rental was for University Business
- Original invoice from rental company for damaged rental vehicle

Email completed form to [riskmgmt@jhu.edu](mailto:riskmgmt@jhu.edu)