

Personal Property Damage or Loss Claim Form (RSK-F016)

This form is in accordance with HUM-A059 and HUM-P031.

Employee Information

- Name: _____
- Employee ID: _____
- Department: _____
- Contact Number: _____
- Email Address: _____

Incident Details

- Date of Incident: _____
- Time of Incident: _____
- Location of Incident: _____
- Description of Incident: (Provide a detailed description of the assault or vandalism incident)

Property Details

- Item Description: _____
- Estimated Value: _____
- Description of Damage: (Provide a detailed description of the damage or loss)

- Estimated Cost of Replacement/Repair: _____

Supporting Documentation

- Attach any relevant documentation:
 - Incident Report
 - Police Report (if applicable)
 - Photos of Damage
 - Receipt or Estimate for Replacement/Repair

Employee Certification

I hereby certify that the information provided in this form is true and accurate to the best of my knowledge. I understand that falsifying information may result in disciplinary action.

Employee Signature: _____ Date: _____