

**University of Texas System
Potential Claim Incident Report**

Incident Date: _____

Insured Value: _____

Property Involved: _____

Description of Incident: _____

Institution: _____ Contact Person: _____ Telephone # _____

Estimated Cost of Repair/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.