

# ABAG PLAN CORPORATION LIABILITY/LOSS NOTICE FORM

*Use this form to report any incident or verified claim in which the City may be liable*

From \_\_\_\_\_ To: ABAG PLAN CORPORATION  
City or Town P.O. BOX 2050  
Oakland, CA 94604-2050  
City Claim # \_\_\_\_\_ / \_\_\_\_\_ (510) 464-7962  
Fiscal Year Log Number

Date & Time of Loss \_\_\_\_\_

Department Location Code \_\_\_\_\_

*(If more than 1 claimant is involved, indicate names of others and use same claim #, but add letter suffix e.g., 001A)*

Comments \_\_\_\_\_

\_\_\_\_\_ Input only - check if claim is being handled in-house

Claimant/Injured's Name Address Phone

Claimant's Attorney Address Phone

Witness Name Address Phone

City Employee Involved/Contact Department Phone

Location of Occurrence \_\_\_\_\_

Description of Occurrence/Damage \_\_\_\_\_

Police/CHP Report # \_\_\_\_\_ City vehicle # \_\_\_\_\_

Enclosures: \_\_\_\_\_ Verified claim \_\_\_\_\_ Police Report \_\_\_\_\_ Photos

Other: \_\_\_\_\_

Date \_\_\_\_\_ Submitted by \_\_\_\_\_ Phone \_\_\_\_\_