Submit by Email | Print Form

Auto Loss Claim Form

JHU Contact Name:	
Department:	
Address:	
Phone:	
Date of Accident:	
Accident Location:	

Brief Description of Accident:

Witness(es):	
Contact Info:	

If your loss involves a rental vehicle please submit the following information:

Rental Agency:	
Contact Name:	
Address:	
Phone Number:	

Please submit the following with the completed loss form:

Police or Security Report

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

JHU Office of Risk Management and Insurance
3910 Keswick Road, Suite N-3400 Baltimore, MD 21211
Telephone: 443-997-8258 Fax: 443-997-7725