

Attachment A

REQUIRED FORMAT---FULL REPORT
ADJUSTING COMPANY LETTERHEAD
Full Report Format

Date: _____

To: City of Phoenix, Risk Management Division

Attention: _____

Report Type: _____ Initial _____ Authority of Special Request _____ Closing
_____ Other (Specify) _____

Claimant:

Claimant Attorney:

Sum Certain Demand:

Date of Loss:

City File Number:

Adjuster File Number:

Section 1 : Reserves (Complete for each claimant):

	Latest Demand	Suggested Reserves	Already Paid	Authority Requested
(Claimant Name)				
Bodily/Personal Injury				
Property Damage				

Approval: \$ _____ By: _____ Date: _____

A. Brief Description of Occurrence:

B. Does submitted Notice of Claim comply with State Statute? _____ Yes No If not, what is lacking?

Attachment A

C. Contacts:

- a. Initial Claimant Contact---date and method
- b. List of witnesses and their versions of occurrence
- c. Interviews of involved City staff and/or summary of Department reports

D. Site Investigation:

- a. Photographs of scene and damaged property
- b. Diagram of loss location

E. Description of Damages

- a. Bodily Injury
 - i. Full description of injury and associated treatment
 - ii. Status of liens—particularly AHCCCS and Medicare

Summary of Medical bills

Provider	# Of treatments	Date ranges of treatment	Billed Costs	Lien Amount

- b. Property Damage
 - i. Summarize itemized estimates/bills/invoices
 - ii. Summarize salvage, if applicable

F. Evaluation/Recommendations:

- c. Discussion of fault/comparative fault
 - d. Identification of other tortfeasors
 - e. Describe efforts to pursue recovery from other tortfeasors
- G. Action Plan (to accomplish before next report/to conclude claim):

G. Next Report will arrive in Risk Management by: _____

Adjuster's Signature

Attachments: (please list---examples can include, but not be limited to, Police Reports, witness statement/interview summaries, copies of medical bills/treatment notes, invoices, diagrams, photographs and other documents needed to help evaluate liability and damages).

Attachment B

REQUIRED FORMAT---SHORT FORM REPORT

ADJUSTING COMPANY LETTERHEAD

Interim Report (Short Form)

Date: _____

To: City of Phoenix, Risk Management Division

Attention : _____

Report Type: _____ Initial _____ Closing

Claimant:

Claimant Attorney:

Sum Certain Demand:

Date of Loss:

City File Number:

Adjuster File Number:

Section 1 : Reserves (Complete for each claimant):

	Latest Demand	Suggested Reserves	Already Paid	Authority Requested
(Claimant Name)				
Bodily/Personal Injury				
Property Damage				

Approval:\$ _____ By: _____ Date: _____

- A. Brief Description of Occurrence:
- B. Does submitted Notice of Claim comply with State Statute? _____ Yes No If not, what is lacking? C. Evaluation/Recommendations:
 - a. Discussion of fault/comparative fault

Attachment B

- b. Identification of other tortfeasors
- c. Describe efforts to pursue recovery from other tortfeasors
- D. Action Plan (to accomplish before next report/to conclude claim):
- E. Next Report will arrive in Risk Management by: _____

Adjuster's Signature

Attachments: (please list---examples can include, but not be limited to, Police Reports, witness statement/interview summaries, copies of medical bills/treatment notes, invoices, diagrams, photographs and other documents needed to help evaluate liability and damages).

City of Phoenix
Risk Management Division
Claim File Review Worksheet

Review Date _____ Reviewer _____ Adjuster _____

Claimant _____ File # _____

TPA _____ D/Loss _____ D/Received _____

Description of Occ _____

Clmt Atty _____ Rep at Inception? _____

Sum Certain \$ _____

Timeliness Same Day =3 Next Day=2 3 rd Day=1 More than 3 Days=0	Date	Points
Initial Report (Acknowledgment)		
Initial Contact with Claimant/Attorney		
Prompt Contact with proper Department staff		

Investigation Yes=2 Partial Compliance=1 Not Done=0	Points
Claim Statute compliance correctly addressed?	
Department Report in File?	
Police, Fire Department reports obtained?	
Contact with Witnesses?	
Site Investigation? Photos? _____ Diagram? _____	
Investigation Assistance Provided by _____ Was it needed? _____	
Report Dates:	
Meeting Diary Dates	

Evaluation Yes=2 Partial Compliance=1 Not Done=0	Points
Liability Determined Properly and Promptly?	
Damages Determined Properly and Promptly?	
Fault—Comparative—addressed and evaluated?	
Non Parties, outside contractors, etc—addressed?	
Salvage, Subrogation or Betterment/Depreciation Addressed and Pursued?	

Conclusion Yes=2 Partial Compliance=1 Not Done=0	Points
Negotiation Techniques Used or Betterment addressed?	
Settlement Fair and Reasonable?	
Was Denial/Referral Letter Reasonable and Understandable?	
Was Proper Authority Obtained or Payment or Denial Letter Properly Reviewed?	
Was Payment or Denial Supported by the File Investigation?	

Documentation Yes=2 Partial Compliance=1 Not Done=0	Points
Clear Documentation of Activity and Reports in Proper Format?	
Release Obtained or Proper Designation on Check?	
Closing Report	
Was Computer Database Coding Updated (in house files)?	

Comments: