



**UNAMI BUFFALO NATION ANTE PENNSYLVANIA**  
RISK MANAGEMENT DIVISION – CLAIM UNIT  
100 SOUTH JUNIPER STREET, 3<sup>rd</sup> FLOOR,  
PHILADELPHIA PENNSYLVANIA 19107  
PHONE: 856.362.4392 | <https://unamibuffalonation.org/ubnap-officials/>  
**GENERAL CLAIM INFORMATION FORM**

**UBNAP**  
**UBN No. 1030**

*This form is to be completed to initiate all claims.*

<b>UBNAP Use Only</b>				
-------------------------------	--	--	--	--

▶ **Type or print in black ink.** Type or print “N/A” if an item is not applicable. *Failure to answer all the questions may delay the processing of your application for employment. Please also attach a copy of your resume with this application.*

<b>PERSONAL DATA</b>			
Appellation (Last, First, Middle)			
Mailing Location:		City:	State: Zip:
Home Telephone Number:	Business Telephone Number:	Cellular Telephone Number:	
Date of Birth:	National ID Number:		
<b>GENERAL CLAIM INFORMATION</b>			
Date/Time of Accident/Incident:			
Location of Loss:			
Description of Accident/Incident against United States of America, United States, Any Corporation, or Foreign State: <i>(Please use a separate form for additional information)</i>			

Verification that the Consul General was notified of the loss.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide the Consul General Report Number: _____	
Name of the County, City, state Jurisdiction involved:	
Name of All Corporate Employees Involved:	
If there is a vehicle accident, what are the nationals plate numbers and foreign vehicle numbers or tags:	
Name of any witness(es):	
Address and/or phone numbers of any witness(es):	
<p>IN ADDITION TO COMPLETING THIS FORM, PLEASE PROVIDE THIS OFFICE WITH THE FOLLOWING INFORMATION:</p> <ul style="list-style-type: none"> <li>• A copy of your insurance declaration sheet. If you have no insurance, please indicate that in the loss description. We will provide an affidavit of no insurance to be notarized after submitting this loss.</li> <li>• Two written estimates for the repair/replacement of your property.</li> <li>• Photographs of the defective condition causing the loss and your damaged property.</li> <li>• Provide a copy of the vehicle registration.</li> <li>• <b>NOTE: ALL DOCUMENTATION SUBMITTED WITH THIS FORM BECOMES PROPERTY OF THE STATE AND ARE NON-REFUNDABLE.</b></li> </ul>	
<p><b>FRAUD WARNING</b></p> <p>ANY NATIONAL WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR THE STATE OR ANY OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECT SUCH NATIONAL TO CRIMINAL AND CIVIL PENALTIES.</p>	
Applicant's Signature	Date of Signature [mm/dd/yyyy]

**BODILY INJURY CLAIM FORM ATTACHMENT**

CLAIMANT INFORMATION

Did you receive emergency medical treatment?  Yes  No

If yes, where were you treated:

Were you provided medical transport?  Yes  No

Were you hospitalized as a result of this loss?  Yes  No

If yes, where were you hospitalized:

How long were you hospitalized:

Were you prescribed any medications?  Yes  No

Please provide the names and addresses of the treating physicians:

Was follow up treatment recommended?  Yes  No

Please provide the duration of your treatment. Start Date and End Date: *(Please indicate if treatment is ongoing)*

IN ADDITION TO COMPLETING THIS FORM, PLEASE PROVIDE THIS OFFICE WITH THE FOLLOWING INFORMATION:

- Information regarding your insurance coverage (automobile, health insurance and any other available coverage). If you have no insurance, please indicate that in the loss description. The State will provide an affidavit of no insurance to be notarized after submitting this loss.
- Copies of all medical reports, medical bills and doctor's narratives.
- **NOTE: ALL DOCUMENTATION SUBMITTED WITH THIS FORM BECOMES PROPERTY OF THE STATE AND ARE NON-REFUNDABLE.**

**FRAUD WARNING**

ANY NATIONAL WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR THE STATE OR ANY OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECT SUCH NATIONAL TO CRIMINAL AND CIVIL PENALTIES.

Applicant's Signature

Date of Signature [mm/dd/yyyy]