



## BROWNSVILLE PUBLIC UTILITIES BOARD

# CLAIM FORM

Return Completed Form To:  
BPUB Risk/Insurance Management Department  
P.O. Box 3270, Brownsville, TX 78523-3270

1425 Robinhood Drive, Brownsville, TX 78521

Email Address: [RiskClaims@brownsville-pub.com](mailto:RiskClaims@brownsville-pub.com)

**NOTE:** In order for this form to be properly processed, please complete the entire form and provide accurate information. The submission of a claim form containing false information is a third degree felony under Chapter 27 of the Texas Penal Code. BPUB reserves the right to deny the claim and to pursue criminal charges against any individual who provides false information. Any knowing or negligent misrepresentation of a material fact or any failure to make a complete disclosure of any requested information may be deemed false information.

CLAIMANT NAME	ADDRESS	TELEPHONE NO.	CELL PHONE NO.
			WORK PHONE NO.
DATE & TIME OF ACCIDENT OR LOSS		LOCATION OF ACCIDENT OR LOSS	
REPAIR/DAMAGE/LOSS ESTIMATE <input type="checkbox"/> Yes <input type="checkbox"/> No		AMOUNT OF CLAIM ESTIMATE	
DESCRIPTION OF ACCIDENT OR LOSS (If you need additional space, please attach a separate sheet)			
ADDITIONAL CLAIMANT NAME		ADDRESS	TELEPHONE NO.
CLAIMANT AUTO: YEAR, MAKE, MODEL	CAR OR PROPERTY INSURED? <input type="checkbox"/> Yes <input type="checkbox"/> No	INSURANCE OR AGENCY NAME & POLICY NUMBER	
NAME OF WITNESS	ADDRESS	TELEPHONE NO.	
ADDITIONAL WITNESS	ADDRESS	TELEPHONE NO.	
PRINT NAME	SIGNATURE	DATE	

PLEASE ATTACH ANY SUPPORTING INFORMATION INCLUDING BUT NOT LIMITED  
TO RECEIPTS AND DAMAGE/LOSS ESTIMATES