

**CLAIM AGAINST SCHOOL FOR INTEGRATED ACADEMICS AND TECHNOLOGIES**

NAME OF CLAIMANT	MAILING ADDRESS	ZIP CODE	(AREA CODE) TEL.NO.
<b>INSTRUCTIONS</b> Claims against SIATech Academy South must be filed within sixty (60) days after incident occurred. Where space is insufficient, please use additional paper, include your name, identify each item of information by the appropriate paragraph number, sign, and date each sheet.			
<b>1. OCCURRENCE OR TRANSACTION CAUSING THIS CLAIM</b>			
Date _____	Time _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	PLACE _____
STATEMENT OF INCIDENT (Specify the particular act or omission you claim caused the injury, damage, or loss if known)			
<b>2. DESCRIPTION OF CIRCUMSTANCES</b> STATEMENT OF HOW OR WHEREIN SIATECH ACADEMY SOUTH OR ITS EMPLOYEE(S) WERE AT FAULT: (INCLUDE NAME(S) OF PERSON(S) CAUSING INJURY, DAMAGE, OR LOSS-IF NOT KNOWN, STATE "NOT KNOWN")			
<b>3. DESCRIPTION OF INCURRED INDEBTNESS, OBLIGATION, INJURY, DAMAGE, OR LOSS</b>			
a. GENERAL DESCRIPTION (So far as known as of the date of this claim): _____ _____			
b. NAME OF PERSON INJURED: _____ Description of Personal Injury- _____ _____			
c. NAME OF PROPERTY OWNER:: _____ Description of Property Damage- _____			
<b>4. CLAIM</b> <b>WHAT sum do you claim:</b> Include the estimated amount of any prospective loss insofar as it may be known at the time of the presentation of this claim, together with the basis of computation of the amount claimed; attach estimates or invoices, if possible.			
_____	\$	_____	
_____	\$	_____	
_____	\$	_____	
Total Amount Claimed		\$	_____
<b>5. EYEWITNESSES</b>			
<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE NO.</b>	
_____	_____	_____	
_____	_____	_____	
<b>6. ATTENDING PHYSICIAN, HOSPITAL, ETC.</b>			
<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE NO.</b>	
_____	_____	_____	
<b>7. SIGNATURE-I certify under penalty of perjury that I know the above to be true and correct of my own knowledge.</b>			
_____		_____	
<b>SIGNATURE OF CLAIMANT</b>		<b>DATE OF CLAIM</b>	