

PROPERTY CLAIM REPORT



LOCATION INFORMATION:

Street Address:	_____	Phone:	_____
City:	_____	Fax:	_____
State:	_____ Zip:	County:	_____ Country:
Contact Person:	_____	Email Address:	_____

INCIDENT INFORMATION:

Date of Incident:	_____	Time of Incident:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Reported By:	_____	Date Reported:	_____	

Accident Description: _____

Authorities Contacted? (i.e, Police) _____
Time civil authority closed area (if applicable) _____

REMARKS & COMMENTS:

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CLAIM REPORTING:

Note specific policy details below and how claim was reported with date, time and if applicable, who you spoke with:

Insurance Carrier: _____ Policy Number: _____

Reported by Phone: _____ Reported by Email: _____

INVENTORY OF DAMANGED ITEMS, IF AVAILABLE (KEEP ALL RECEIPTS AND TAKE PHOTOS):

Item Type Make Model No. Serial No.	Estimated Cost