

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: ☐ AM ☐ PM
 Reported By: _____ Date Reported: _____
 Accident Description: _____

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

REMARKS & COMMENTS:

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 DAMAGED ITEMS, IF AVAILABLE (KEEP ALL RECEIPTS AND TAKE PHOTOS):

[illegible]