



PROPERTY CLAIM FORM

Company's Name _____

Mailing Address: _____

Date _____ Time _____ AM PM

Describe what happened: _____

Loss Information:

Incident Address: _____

Police at scene: Yes No Police Report made? Yes No Report No.: _____

Property Damage Info (if applicable):

Describe Property: _____

Damage Description: _____

Estimate Amount: _____

Where can Property be seen: _____ When can property be seen: _____

NAMES AND ADDRESSES OF WITNESS:

Name: _____ Phone: _____

Address: _____ Email: _____

Witness notes: _____

ANY ADDITIONAL INFORMATION: _____
