



## Property/Incident Claim Form

Date of Accident/Incident \_\_\_\_\_ Insured/Department: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Who should Adjuster call at Your Organization? Name and Phone Number: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Description of Damage: \_\_\_\_\_

Police Department and Case#: \_\_\_\_\_

Other Party's Name and Phone Number: \_\_\_\_\_

Injury? If so- Name and Phone Number: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

Injury? If so- Name and Phone Number: \_\_\_\_\_

Description of Injury: \_\_\_\_\_

Witness Name and Phones #'s: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_