



Property Claim Report

Insured Info:

Policy Number: _____
Name: _____
Address: _____
Phone: _____

Property Loss

Reported By: _____
Date/Time of Loss: _____
Location of Loss: _____
Kind of Loss: (fire, wind, etc.) _____
Loss Description: _____
Previously Reported: _____ Yes or _____ No
Police/Fire Department Reported to: _____
Probable amount of Loss: _____

Comments: _____

