



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: _____