



INSURANCE
AGENCY



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: _____

Witness Name and Phone #'s: _____

Completed By: _____ Date: _____