PROPERTY CLAIM REPORT



LOCATION INFORMA	TION:			
Street Address:		Phone:		
City:		Fax:		
State:	Zip:	County:	Country:	
Courts at Davis		Email Address:		
INCIDENT INFORMAT	TION			
INCIDENT INFORMAT		- : (1 :1)		
Date of Incident:			AM	PM
Reported By:		Date Reported:		
Accident Description:				
				_
Authorities Contacted? (i				
Time civil authority close	d area (if applicable)			
REMARKS & COMMEN	NTC.			
REMARKS & COMME	V13.			
-				

PROPERTY CLAIM REPORT



CLAIM REPORTING:				
Note specific policy details below and how claim was reported with date, time and if applicable, who you spoke with:				
Insurance Carrier:	Policy Number:			
Reported by Phone:	Reported by Email:			
INVENTORY OF DAMANGED ITEMS, IF AVAILABLE	(VEED ALL DECEIDTS AND TAVE DUOTOS).			
INVENTORY OF DAMANGED HEMS, IF AVAILABLE				
Item Type Make Model No. Serial No.	Estimated Cost			