



Liability Incident Report - Property Damage

| | | | | | | | | | |
|--|--|--------------------|----------------------|---------------------------|-------------|-----------------------|-------------|----------------|--|
| INSURED | <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Name _____</td> <td style="width: 40%;">Phone # _____</td> </tr> <tr> <td>Address _____</td> <td>Fax # _____</td> </tr> <tr> <td></td> <td>Email _____</td> </tr> <tr> <td>Policy # _____</td> <td></td> </tr> </table> | Name _____ | Phone # _____ | Address _____ | Fax # _____ | | Email _____ | Policy # _____ | |
| Name _____ | Phone # _____ | | | | | | | | |
| Address _____ | Fax # _____ | | | | | | | | |
| | Email _____ | | | | | | | | |
| Policy # _____ | | | | | | | | | |
| OWNER OF PROPERTY | <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Name _____</td> <td style="width: 40%;">Phone # _____</td> </tr> <tr> <td>Address _____</td> <td>Fax # _____</td> </tr> <tr> <td></td> <td>Email _____</td> </tr> </table> | Name _____ | Phone # _____ | Address _____ | Fax # _____ | | Email _____ | | |
| Name _____ | Phone # _____ | | | | | | | | |
| Address _____ | Fax # _____ | | | | | | | | |
| | Email _____ | | | | | | | | |
| TIME, PLACE AND NATURE OF LOSS | <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Date of Loss _____</td> <td style="width: 40%;">Time _____ a.m./p.m.</td> </tr> <tr> <td colspan="2">Exact Place of Loss _____</td> </tr> <tr> <td colspan="2">Nature of Loss: _____</td> </tr> <tr> <td colspan="2">_____</td> </tr> </table> | Date of Loss _____ | Time _____ a.m./p.m. | Exact Place of Loss _____ | | Nature of Loss: _____ | | _____ | |
| Date of Loss _____ | Time _____ a.m./p.m. | | | | | | | | |
| Exact Place of Loss _____ | | | | | | | | | |
| Nature of Loss: _____ | | | | | | | | | |
| _____ | | | | | | | | | |
| DESCRIPTION OF PROPERTY (make, model, quantity, serial number) | <table style="width: 100%; border: none;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ | _____ | | | |
| _____ | | | | | | | | | |
| _____ | | | | | | | | | |
| _____ | | | | | | | | | |
| _____ | | | | | | | | | |
| _____ | | | | | | | | | |
| DESCRIPTION OF PROPERTY LOSS (describe as completely and thoroughly how property damage occurred) | <table style="width: 100%; border: none;"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table> | _____ | _____ | _____ | _____ | _____ | | | |
| _____ | | | | | | | | | |
| _____ | | | | | | | | | |
| _____ | | | | | | | | | |
| _____ | | | | | | | | | |
| _____ | | | | | | | | | |

