



# PROPERTY LOSS REPORT FORM

**INSURED** \_\_\_\_\_ **Policy No.** \_\_\_\_\_

**Address** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Business Phone** \_\_\_\_\_ **Residence Phone** \_\_\_\_\_

**Date of Loss** Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

**Briefly describe the damage and how the loss occurred**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimate of Loss**

**Police were notified at** \_\_\_\_\_ **on** \_\_\_\_\_ **20** \_\_\_\_\_

**Loss Payable and/or Mortgage** \_\_\_\_\_

**IMPORTANT - Who (other than you) was responsible for loss or damage?**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Give Names and Addresses of Witnesses**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Insurance of \$** \_\_\_\_\_ **WITH** \_\_\_\_\_  
(Insurance Company)

The foregoing statements are true and correct to the best of my knowledge, and are submitted as Claim under the said policy.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

If Schedule of Loss form(s) are attached, please complete as per instructions.