|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | **CLAIM REPORT FORM** | | | | |
|  | |  | | | | | AUTO  PROPERTY  LIABILITY  OTHER | | | | | | |
| Report Completed By: | | | | | |  | | Date: |  | | | |  |
| Contact: | | |  | | | | | Bus#: |  | | | Cell#: |  |
| Date & Time of Loss: | | | | |  | | | Police/Fire Dept?: | | |  | | |
| Type of Loss: | | | |  | | | | Location of Loss: | | |  | | |

|  |
| --- |
| **LIABILITY INCIDENTS (i.e. slip and falls)** |

Type of Loss:  Bodily Injury  Miscellaneous Liability (errors & omissions, directors & officers etc.)

Property Damage  Crime (inside/outside robbery, employee dishonesty etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Claimant: |  | Phone Number |  |  |

Location of Incident:  Inside  Outside  Sidewalk/Steps  Parking Lot  Cemetery  Other

Weather Conditions:  Rain  Snow  Sleet  Icy/Slippery  Hot/Humid  Windy  Clear

|  |  |
| --- | --- |
| Details of Incident: |  |
|  | |

Was anyone injured?  Yes  No Were medical services provided?  Yes  No

|  |
| --- |
| **PROPERTY LOSSES (i.e damage to buildings, contents, equipment, etc.)** |

Type of Loss:  Fire  Theft  Wind  Lightning  Vandalism

Boiler/Machinery  Water  Other

|  |  |  |  |
| --- | --- | --- | --- |
| Details of Incident: |  | | |
|  | | | |
| Estimated value of property damaged/lost/stolen: | |  |

|  |
| --- |
| **AUTOMOBILE INCIDENTS** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Any Passengers Injuries (who/extent)?: | | | | | | | | | |  | | | | | | | | | | | | | | |
| If Automobile – Vehicle Description: | | | | | | | | |  | | | | | | | | | Unit #: | | | |  | |
| Is Vehicle Drivable?: | | | | |  | | | | | If Not, Location: | |  | | | | | | | | | | | |
| Our Driver: | |  | | | | | | | | | | Bus#: | | |  | Cell#: | | |  | | | | |
| Third Party Driver: | | | |  | | | | | | | | Address: | | |  | | | | | | | | |
| Cell#: |  | | | | | | Bus#: | | | |  | |
| Third Party Vehicle Desc.: | | | | | | | |  | | | | | | | | | Plate #: | | | |  | | |
| Third Party Ins. Co.: | | | | | |  | | | | | | Agent: | |  | | | Pol #: | | |  | | | |
| Details of Incident: | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |

|  |
| --- |
| **WITNESSES (if any)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | Phone Number: |  |  |
| Name: |  | Phone Number: |  |  |