

Property Report Form

Name Insured: _____

Property Claim Information

Date of Loss: _____

Estimated Amount of Loss: _____

Location of Loss: (address & building): _____

Description of Loss:

Describe Damage:

Authority Contacted (if applicable): _____

Report Number: _____

Name of Person Responsible for Causing Damage (if applicable): _____

Witness 1

Name: _____

Phone No.: _____

Witness 2

Name: _____

Phone No.: _____

Report By: _____

Email: _____

Phone No.: _____

Date: _____

Email your completed report to: contactus@seibertkeck.com.