



Liability Incident Report - Property Damage

INSURED	Name _____ Phone # _____ Address _____ Fax # _____ _____ Email _____ Policy # _____
OWNER OF PROPERTY	Name _____ Phone # _____ Address _____ Fax # _____ _____ Email _____
TIME, PLACE AND 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)	_____ _____ _____ _____ _____
DESCRIPTION OF PROPERTY LOSS (describe as completely and thoroughly how property damage occurred)	_____ _____ _____ _____ _____

