

Property Claim Reporting Form

Office Use:
Client Code _____

Today's Date: _____

Policy No.: _____

Named Insured (Include DBA if applicable): _____

Mailing Address of Insured: _____

Contact Name: _____ Phone No.: _____

Email Address: _____

Date of Loss: _____ Time of Loss: _____

Type of Loss: Fire Water Theft Other (explain): _____

Complete Description of Loss:

Property Address Where the Loss Occurred: _____

What Happened? _____

Describe the Damage to the Property or Provide a List of Stolen Items:

Was Anyone Injured? Yes No

Police Contacted? Yes No Fire Dept. Contacted? Yes No

Department Name: _____ Phone No.: _____ Case No.: _____

Witness Information:

Name: _____ Phone No.: _____

Address: _____

Witness Statement: _____

Questions &/or Special Issues to be Addressed: _____

Please take necessary and reasonable steps to ensure that the property is protected from additional damage.
Maintain all receipts and take photos.

Form Completed By: _____ Phone No.: _____

Title: _____ Date: _____

Email to claims@pennbrookins.com

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